

Office use only: WCM: \_\_\_\_\_  
LSC list: \_\_\_\_\_  
Status: \_\_\_\_\_

## LIFESPRING CENTER VOLUNTEER APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Best number/time to call: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth date(month/date): \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Present (or former) occupation: \_\_\_\_\_

College or special training: \_\_\_\_\_

Hobbies and interests: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Three references not related to you. Please give name and email (preferable) or phone number. If you are interested in leading a Bible study, please list one of your references as a church leader, elder, deacon, etc. Thank you.

- \_\_\_\_\_ email: \_\_\_\_\_
- \_\_\_\_\_ email: \_\_\_\_\_
- \_\_\_\_\_ email: \_\_\_\_\_

What about Lifespring Ministry interests you? \_\_\_\_\_

\_\_\_\_\_

Describe your Christian background/experience, if any \_\_\_\_\_

\_\_\_\_\_

Describe any experience you have had which you think might help you with volunteer work at Lifespring Center \_\_\_\_\_

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How did you become aware of Lifespring Center and its volunteer programs? \_\_\_\_\_

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*Please mail this form to:*

*Lifespring Center  
Attn: Lynda Dorsch  
517 College Avenue, Suite 102  
Aurora, IL 60505  
(630) 952-1104*