



IN HIS STEPS MINISTRIES

VOLUNTEER APPLICATION

Biographical Information

PLEASE PRINT (mark N/A for whatever does not apply)

Name: _____ Age: ____ Sex: ____ Race: _____

Social Security #: _____

Address: _____ Birthdate: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail Address: _____

Employer: _____ Occupation: _____

Description of Job Duties: _____

Spouse's Name: _____ Contact # _____

Briefly state when you received Christ and describe your current relationship with Him:
(PLEASE USE BACK OF SHEET IF YOU NEED MORE ROOM)

Mission Information

(IF YOU NEED MORE ROOM TO ANSWER THESE QUESTIONS PLEASE CONTINUE THEM ON THE BACK OF THIS SHEET)

1. Have you ever done ministry work before? If yes, with what opportunities, in what ways, and when have you participated? _____

2. Who recruited you for this position? OR How did you learn of our ministry? _____

3. Why are you interested in serving as with IHS? _____

Interest and Skills Information

(IF YOU NEED MORE ROOM TO ANSWER THESE QUESTIONS PLEASE CONTINUE THEM ON THE BACK OF THIS SHEET)

1. What do you feel are your talents, gifts, or abilities? _____

2. What character strengths and weaknesses do you have which might be helpful or cause difficulty in your involvement with this ministry? _____

3. Briefly express your expectations ministry involvement with IHS. _____

If you have any questions or concerns or want more information please contact IHS.

In His Steps Ministries, Inc. (601) 859- 5708 (Office)

Rev. Jasper L. Bacon
P.O. Box 827
Canton, MS 39046

(601) 859-5709 (Fax)
cbacon@inhissteps.org (E-mail)

--



In His Steps Ministries, Inc.
Post Office Box 827
Canton, Mississippi 39046

Director Local Law Enforcement Agency

A police Record Check is requested on the following individual who has indicated a desire to volunteer with In His Steps Ministries. This program requires a background check to be conducted in an effort to provide the most positive influence possible upon the people we serve in central Mississippi, and to fulfill the requirements of our insurance provider.

Name: _____
Last First Middle Maiden

Address: _____
Address City State Zip Code

Previous Address: _____
Address City State Zip Code

Social Security Number: _____

Date of Birth: _____
Month Day Year

Place of Birth: _____
City County State

Mother's Full Name: _____
Last First Middle Maiden

Father's Full Name: _____
Last First Middle

Jasper L. Bacon
Executive Director
In His Steps Ministries, Inc.

I hereby authorize the local law enforcement agency to release any information requested by In His Steps Ministries, Inc., and I hereby release, acquit and agree to hold harmless from any and all resulting liability and covenant not to sue to the local law enforcement agencies in connection with releasing such information.

Applicant's Signature

Date