

Shekinah Ministries
 2040 Terry St., Suite 106
 Longmont, CO. 80501

Telephone 303-682-9593
 Fax 303-682-8918

Volunteer Application

Shekinah Sponsor _____ Date Signed _____ Update _____

Last Name _____ First Name _____ MI _____ GT _____

Address _____ Nickname _____

City _____ State _____ Zip Code _____

Phone # _____ Work # _____ CI/Pg # _____ Fax # _____

emailH _____ emailW _____

Business _____

Occupation _____

Driver Lic # _____ DL Exp Date _____ SSN _____

DOB _____ Sex _____ Marital Status _____ Spouse _____

Children

& Ages _____

US Citizen _____ Other Country _____ CO Resident Yrs _____

Which Shekinah Ministries would you be interested in helping with? Please mark below.

Prison
or jail
Facility

Please fill in dates if known

Cleared

Trained

Updated

Boulder CJ _____	BCJ _____	BCJ _____	BCJ _____
Adams CJ _____	ACJ _____	ACJ _____	ACJ _____
Larimer CJ _____	LCJ _____	LCJ _____	LCJ _____
Weld OCJ _____	WOCJ _____	WOCJ _____	WOCJ _____
Weld NCJ _____	WNCJ _____	WNCJ _____	WNCJ _____
Platte Youth _____	PY _____	PY _____	PY _____
Nebraska _____	NE _____	NE _____	NE _____
Federal _____	FP _____	FP _____	FP _____
CO State _____	CSP _____	CSP _____	CSP _____
WY State _____	WSP _____	WSP _____	WSP _____

Oriented @ _____

Nursing Home _____

Office Help _____ Pen Pal (Pick a name) _____

Please indicate your talents below:

Preach/Teach _____ Instruments _____

Sing _____ Help _____

Other _____

Home Church _____ Denomination _____
Pastor _____

Have you had a born again experience with the Lord Jesus Christ?

Born Again _____ When Saved _____

Briefly relate your conversion experience.

Describe your current active ministry.

Explain what the Lord is showing you concerning your ministry.

Do you have a criminal record? _____

If yes, please describe below or attach a letter providing details.

Describe your use of intoxicating liquors, marijuana and any drugs not prescribed by your doctor.

Please provide the names, addresses, and phone numbers of three references.
