

Success and Deliverance Evangelical Ministry, Inc.

Membership Application

Full Name (* _____)

Email Address (* _____)

Birth date: _____

Home Phone: (_____) Work Phone: (_____)

Cell Phone _____

Referred by: _____

Address: (* _____)

City/State/ Zip _____

Marital Status: _____ Spouses Name: _____

Emergency Contact: _____ Phone: (_____) _____

Number of Children: _____ Ages: _____

Number of Children _____ Ages: _____

Number of Children: _____ Ages: _____

Number of Children _____ Ages: _____

Do you have any medical training or are you CPR certified? __

Speak Spanish? No Some Conversational Fluent

When are you available to serve?

What Days are you available? (*)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours Available/Desired Shift? (ie 2-4pm)

(* _____)

How Many Days Per Month?

1 2 3 4 5 6 7 More Days

Mission Location of Volunteer Interest: (check all that apply)

____ Men's Center

____ Women & Children's Center

____ Community Ministries

____ Donation & Distribution Center

____ Wherever The Need Is

Signature _____ Date _____

