



Name: _____ (Last) _____ (First) M F

Address: _____ (House/Street Number) _____ (City) _____ (State) _____ (Zip)

Email Address: _____ @ _____

Contact Number: _____ (Home/Cell) Occupation: _____

Marital Status: Married Unmarried Age 18-24 25-34 35-44 45+

1. Are you a member of a church? Yes / No If so, where and how long?

2. Describe what ways you have grown in your spiritually, since you became a Christian, which has prepared you to help women who are sexually exploited. (list any books, DVD or training events you attended)

3. What spiritual gifts do you feel you have and how would we be able to use them again?

4. Why do you want to minister to women who are sexually exploited?

5. Have you ever been involved in ministry to the sexually exploited before? YES NO
6. If applicable - Are your spouse & family in agreement with you working in this ministry? YES NO
7. Ministry/Volunteer Experience – *(Please attach a separate document with details of volunteer experience.)*
8. What area of the ministry do you desire to work with?

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| <input type="checkbox"/> Street Outreach (describe)* | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Drop-in Center* | <input type="checkbox"/> Community Awareness* |
| <input type="checkbox"/> Special Events (Decorating, Set-up)
(Organizing events & Volunteers) | <input type="checkbox"/> IBC Spa (Services: manicures, facials, Beautician**) |
| <input type="checkbox"/> General Administrative | <input type="checkbox"/> Massages** |
| <input type="checkbox"/> Professional Counseling** | <input type="checkbox"/> Prayer |
| <input type="checkbox"/> Health Screening** | <input type="checkbox"/> Meal Prep |
- * Training required ** License/Certification required

Days & Hours Available: M _____, T _____, W _____, Th _____, Fr _____, Sat _____ if Desired

Level of commitment: _____ Weekly, _____ Monthly, _____ For special Events