



Volunteer Application

CRISIS CARE RESPONSE TEAM MINISTRY

Name _____ Age _____

Address _____

Contact Info: Home _____ Cell _____ Email _____

Do you check email often so that you can receive assignments that way? Yes _____ No _____

Would you prefer to receive an assignment at ... Home _____ Work _____ Both _____ Email _____

Emergency contact information: _____

Member _____ or Attender _____ (indicate one) How long? _____

Please give a short testimony of your relationship with the Lord: _____

What past experience or personal crisis do you feel would be helpful to this ministry? _____

What professional or ministerial experience do you feel would be helpful to this ministry? _____

Please indicate the area(s) in which you are interested in serving:

Hospital Visitation _____ Which hospitals? _____

Meal Preparation _____ Meal Delivery _____ Errand Running _____ Note Writing/Cards _____

Transportation _____ Visiting Elderly/Shut-ins _____ Short term house cleaning _____

Encouragement (What area) _____ Other _____

Area Care Coordinator _____ (leadership role that coordinates short-term care for an individual)

Indicate the times you know you would NOT be available for service:

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
A	P	A	P	A	P	A	P	A	P	A	P	A	P
M	M	M	M	M	M	M	M	M	M	M	M	M	M

It is my understanding that I will be involved in a Team Ministry and will possibly have follow-up meetings to strengthen relationships and equip us to better serve the Lord through the CCRT.

Signed: _____ Date: _____

Form can be mailed to the following address:
Crossroads Fellowship, 2721 E. Millbrook Road, Raleigh, NC 27604
Attention: Susan Hunt OR emailed to: shunt@crossroads.org