



# Volunteer Application

## CRISIS CARE RESPONSE TEAM & EXTENDED CARE 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 CCRT and/or ECT ministries.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Form can be mailed to the following address:  
Crossroads Fellowship, 2721 E. Millbrook Road, Raleigh, NC 27604  
Attention: Sarah Spragg OR emailed to: [sspragg@crossroads.org](mailto:sspragg@crossroads.org)