



JOHN G. LAKE

APOSTOLIC HEALING CENTER

VOLUNTEER APPLICATION

Please return completed forms to:

John G Lake Apostolic Healing Center

480 N. Fulton St. Fresno, CA 93711

Phone: 1-800-930-6732

Mr. Mrs. _____ Cell Phone: _____
 Ms. Rev. _____ Home Phone: _____

Residence Address _____ **Email:** _____

Mailing Address _____ City: _____ State: _____ Zip _____

Date of Birth: _____ Race: _____ Gender: _____

Are you an California resident? Yes No

Marital Status: Married Separated Divorced Single

Emergency Contact: Name _____ Phone _____

Employer: Name/Address _____ Phone _____

Work Type/Job Title: _____

List Types of Work Experience: _____

Vocational Training: _____

Church(or Organization) Name _____ City _____

Pastor _____ Phone _____ Denomination _____

Character Reference: Name _____ Phone _____

High School Graduate? Yes No GED

College: Number of years _____ Degree(s): _____ Major: _____

Graduate School: _____ Degree(s): _____ Major: _____

Foreign languages spoken _____

Yes No Are you currently an: Ordained Minister Licensed Minister Other: _____

If yes, credentials issued by which religious faith group? _____

If yes, please attach documentation (i.e. certificate of ordination).

You must include a Pastoral Reference letter with your application to even be considered

Yes No Are you a United States Citizen? If no, please attach documentation of current status.
 Yes No Do you have a physical disability? If yes, what? _____
 Yes No Do you have reliable transportation?
 Yes No Do you currently have any other certification or seminary degree's? If yes, explain below

Yes No Are you currently on parole or probation?
 Yes No Are there any other names you have been known by? If yes, please list _____

 Yes No Have you ever been through Deliverance or Inner Healing?
If Yes, What Ministry? _____

Do you currently hold any positions with other ministries? _____

Why do you want to be a volunteer for the John G Lake Apostolic Healing Center ? _____

Availability: Weekdays _____ a.m. p.m.
 Weeknights _____
 Weekends _____ a.m. p.m.

I understand that this application & the questions asked are a necessary security procedure for acceptance to volunteer. My signature below authorizes initial and periodic re-checks as deemed necessary for my continued participation and confirms my agreement to abide by all policies and procedures of the John G Lake Apostolic Healing Center and its administrative components, particularly those regarding ethical standards, security, and confidentiality of information. I understand that false and/or incomplete information will result in non-acceptance or discharged as a volunteer. My signature certifies the truth and accuracy of the information provided herein. (Photocopies and/or faxes shall be as valid as the original.)

Signature of Applicant: _____ Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE—FOR STAFF USE ONLY

Date Received _____ STAFF NOTES:
Interview Date _____

[] Approved [] Denied

Reason For Denial _____
