



GRACE CHAPEL
CARE & SUPPORT

MINISTRY OFFICES
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Lexington, MA 02421

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www.grace.org

HOMEBOUND MINISTRY VOLUNTEER APPLICATION

[Today's Date]

[Mr./Mrs./Ms./Miss]	[First Name]	[Middle Initial]	[Last Name]
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[Street]	[City]	[State]	[Zip Code]
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[Cell Phone]	[Email Address]
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Are you a Grace Chapel Member
Yes [☐] or No [☐]

1. Why are you interested in serving with this Ministry?
2. Please list some spiritual gifts that would be effective in this Ministry.
3. Do you have experience serving in this Ministry?
4. Briefly describe your relationship with Jesus Christ.

Please provide a Grace Chapel reference:

Name: _____

Email Address: _____

Relationship: _____

Phone Number: _____

Please provide a reference outside of our congregation:

Name: _____

Email Address: _____

Relationship: _____

Phone Number: _____

*** A CORI IS MANDATORY, PLEASE FILL OUT THE CORI APPLICATION, WHICH IS A SEPARATE APPLICATION.**

Signature: _____

Date: _____