



**SCM Volunteer
Application Form**

PO Box 556
Monroe, NC 28111
704-283-3573

www.safercommunitiesministry.org

Name (print): _____ Date _____
Address: _____ City _____ St. _____ Zip _____
Phones: Home: (____) ____-____ Cell: (____) ____-____
Email: _____ Church: _____

Please indicate your interests in the following ministry's volunteer areas:

SCM – General:

___ Prayer Warrior ___ Administration ___ Other (contact office)

Life Skills:

___ Teacher ___ Library Cart ___ Mailing Preparation ___ Other (contact office)

Eagles Fellowship:

___ Overseer ___ Topic Discussion Leader ___ Other (contact office)

Total Care & Support and SCREEN:

___ Life Coach ___ Goal Setting ___ Mentoring* ___ Job Assistance ___ Education Tutor
___ Social Service ___ Financial Guidance ___ Spiritual Guidance ___ Supportive Friend
___ Second Chance Employer ___ Other (contact office)

Life Events:

___ As determined by Staff based on your spiritual gifts & talents (see specific areas on Volunteer page)
___ Logistic Support ___ Other (contact office)

* Substance abuse and family relationship mentors are especially needed.

If you have any questions, please contact our office at 704-283-3573.