



SCM Volunteer Application Form

PO Box 556
Monroe, NC 28111

Your 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
 Prayer Warrior Second Chance Employer Other (contact office)

Life Events:

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

* Substance abuse and family relationship mentors are especially needed.

If you have any questions, please contact: Rev. Al Lewis at 704.283.3573 or email: al.lewis@mysafercommunities.org