



GALATIA

Galatia Self-Defense Volunteer Information Form.

Date _____

[4815 Braker Ste. 502 PMB #383, Austin, TX 78759; fax/ph 1.866.841.9139 x3000, galatia@pipstart.org]

Name _____ Date of Birth _____ Ethnicity _____

Address _____ City/State _____ Zip _____

Phone # _____ Fax # _____ Email _____

Employer/School/Organization _____ Position/Title/Classification _____

Address _____ City/State _____ Zip _____ Home Church _____

OK to contact at work? _____ Wk Phone # _____ Wk Email _____

Time employed _____ hrs/wk worked _____ Amount of travel? _____

Ministry interest: (Check all that apply) Hours per month available? _____

Assistant teaching Discipleship Bible Studies Evangelism Prayer Publicity

Administration Web Site Follow-up Contacts General

Availability: Weekend Weekdays Day Evenings Day of event _____ Month of event _____

Is physical labor OK? _____

Previous Experience: (Check all that apply): Youth Community Ministry Martial Arts

Gifts/Talents _____

Hobbies/Interest _____

Clubs/Organizations (& Offices held) _____

References: (Name, address and phone number of 3 refs not related to you, you've known more than 1 year)

Ref #1 _____

Ref #2 _____

Ref #3 _____

I attest that all information on this application is true:

Print Name _____ Sign Name _____ Date _____

Contact Dr. Ronald Bell (512-346-8641) for more information.