



VOLUNTEER INFORMATION SHEET

You may also complete this form on graceclarksville.com/thrive

Name _____

Street Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

E-mail _____

Preferred Form of Contact

☐ Home

☐ Cell/Text

☐ Email

Share your interest for serving in Thrive.

Share any questions you may have had about serving in Thrive.

Due to the nature of this ministry, a background check is required for all one-on-one buddies and volunteers 18 and older. Do you give Grace Community Church permission to perform a background check?

☐ Y

☐ N

Continued on next page...

As a part of the background check, please provide name and contact information for two (2) character references.

Reference 1 Name_____

Street Address _____

City _____ State _____ ZIP _____

Home Phone _____ E-mail _____

Reference 2 Name_____

Street Address _____

City _____ State _____ ZIP _____

Home Phone _____ E-mail _____

Are you willing to complete the required training for Thrive Buddy volunteers?

☐

Y

☐

N

Signature _____ Date _____

GRACECOMMUNITYCHURCH

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