



Holy Trinity Greek Orthodox Church of Greater Orlando

1217 Trinity Woods Lane

Maitland, Florida 32751

Phone 407.331.4687 Fax 407.331.4898

Education, Culture, Youth Diakonia Volunteer Form

New forms need to be submitted each ecclesiastical year. To submit a volunteer form all applicants must be members in good standing of HTGOC. (So that your application may be processed, please complete and answer all questions.) This form is required by all ministry leaders/heads, advisors, board members, chaperones, teachers, assistants, (PTO).

Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Occupation: _____ **DOB: (mm/dd/yyyy)** _____ / _____ / _____

Please check the ministry or ministries for which you wish to volunteer:

- | | | |
|---|---|---|
| <input type="checkbox"/> Altar Servers | <input type="checkbox"/> Hellenic Dance Troupe | <input type="checkbox"/> Missions Ministry |
| <input type="checkbox"/> Catechetical School | <input type="checkbox"/> HOPE | <input type="checkbox"/> St. John Oratorical Festival |
| <input type="checkbox"/> Children's Playgroup | <input type="checkbox"/> JOY | <input type="checkbox"/> Vacation Bible School |
| <input type="checkbox"/> GOYA | <input type="checkbox"/> Jr. Hellenic Dance Troupe | <input type="checkbox"/> Young Adult Ministry (YAM) |
| <input type="checkbox"/> Hellenic Academy | <input type="checkbox"/> Little Aegean Dance Troupe | <input type="checkbox"/> Youth Choir |
| <input type="checkbox"/> Other _____ | | |

In what capacity would you like to serve? (for example, teacher, assistant, substitute, special projects/programs, chaperone, facilitator, host, dance instructor, PTO.)

Please explain why you want to serve in the ministry or ministries you have chosen.

Describe the experience, skills, and talents you possess that would make you an effective volunteer for the specific ministry.

Are you able to commit to serving in the chosen ministry or ministries for the entire school year and to meeting each ministry's attendance requirements?

I agree to a background check. Yes or No

I verify that I am a member in good standing of Holy Trinity Greek Orthodox Church: Yes or No

Signature: _____ Date: _____

Name: _____

[Please Print]

Signature of Ministry Leader: _____ Date: _____

Please select one: Recommend strongly Recommend with reservation Do not recommend

E.C.Y.D. Committee Approval: Yes or No

Approval Date: _____

E.C.Y.D. Committee Signature: _____

Signature of Parish Priest: _____ Date: _____