

FOCUS...take a closer look

VOLUNTEER REGISTRATION FORM

VOLUNTEER INFORMATION:

| | |
|---|--|
| NAME | |
| ADDRESS (Street, City, Zip Code) | |
| PHONE NUMBER | |
| EMAIL ADDRESS | |
| ADULT OR STUDENT? | |
| T-SHIRT SIZE | |
| PLEASE INDICATE DAYS AVAILABLE? (i. e. All, M, T, W, Th) | |

EMERGENCY CONTACT INFORMATION:

| | |
|---------------------------|--|
| NAME | |
| PHONE NUMBER | |
| RELATIONSHIP TO VOLUNTEER | |

ASSIGNMENT PREFERENCES:

| | 1ST PREFERENCE | 2ND PREFERENCE | 3RD PREFERENCE | NO PREFERENCE |
|------------------|----------------|----------------|----------------|---------------|
| CHECK IN/OUT | | | | |
| TECH | | | | |
| GROUP LEADER | | | | |
| 2-DEEP ASSISTANT | | | | |
| CRAFT LEADER | | | | |
| GAME LEADER | | | | |
| MUSIC | | | | |
| SNACKS | | | | |

Please return completed form to Stevie Stibor, Director of Children's Ministries by July 18, 2021