

Please complete this form and **return it to the school office with your registration**. The staff will then forward your completed portion to the corresponding ministry coordinator for verification. Please feel free to photocopy this form or request duplicates if you or your spouse serve in various ministries.

Family Name: _____ Volunteer's Name: _____

Address: _____

Ministry for which you volunteer: _____

Frequency of volunteering:

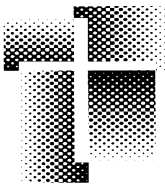
- 1 – 5 hours per week 1 – 5 hours per month as needed once a year

In what capacity do you volunteer? _____

Name of Coordinator of Ministry: _____

Signature of Coordinator: _____

Coordinator's Verification: _____



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