



Volunteer Registration Form

Date: _____

Name: Miss Ms. Mrs. Mr. : _____

Address: _____ ZIP: _____

Phone: _____ Email: _____

Preferred Method of Contact: Call Text Email

Ministry of Interest:

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Ushers | <input type="checkbox"/> Nursery | <input type="checkbox"/> Music Ministry |
| <input type="checkbox"/> Greeters | <input type="checkbox"/> Kings Kids | <input type="checkbox"/> Media |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Reign Youth | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> LRCS | <input type="checkbox"/> Information Desk | <input type="checkbox"/> Anywhere Needed |

Days & Times Available: _____