



Sunday, September 23, 2007

Park Terrace Community  
United Methodist Church

**VOLUNTEER REGISTRATION FORM**

(PLEASE PRINT)

Name: \_\_\_\_\_  
(LAST) (FIRST)

Address: \_\_\_\_\_ email: \_\_\_\_\_

Phone: \_\_\_\_\_  
HOME WORK CELL

Age (check one):  (6-17)\*  (18-25)  (26-40)  (41-100)

\* If you are under age 18, you must have your parent/guardian fill out the consent form on the back of this application.

NOTE: Child care will be available for children 10 and under. If you need child care, please list the name and age of each child below.

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

PROJECT SELECTION

List in order of preference the projects you would be willing to work on. (1=1<sup>st</sup> choice, 2=2<sup>nd</sup>, 3=3<sup>rd</sup>)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

If work times do not overlap, would you like to work on more than one project? Y N

If there are specific persons (person) you wish to work with, list the name(s) here:

T-SHIRT SIZE: Circle preference: S M L XL XXL XXXL

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form ASAP to the Church office at 30 Glann Rd, Apalachin, NY 13732

**Do not write below this line. For Committee Use Only**

Date Received: \_\_\_\_\_ Project Assigned: \_\_\_\_\_