

This Registration Form must be filled out by each volunteer 18 years and older.

Welcome Center Registration

Today's Date: ____/____/____

First and Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Would you like to receive emails of upcoming events: Yes No

Check All That Apply:

I am a First-Time Volunteer

I Came With Family

I Came With Church: _____

Pastor's Name: _____

I Came With Business or Group: _____

Group Leader's Name: _____

Does Your Business or Employer Match Donations? Yes No Not Sure

Name of Business or Employer: _____

How Did You Hear About Us? Check All That Apply:

Friends or Family

Media

Church

Group or Company _____

Walk-In

Please provide any allergy/medical information for yourself or any other family member who came with you or indicate "none" as applicable. This information is required by our insurance company.

NAME	ALLERGY/MEDICAL INFORMATION