## 2017 Mission Devine Volunteer Application & Emergency Contact Form June 12-17, 2017

"Loving your neighbor as yourself" Matthew 22:39
www.missiondevine.org

One participant per form – PLEASE TRY AND RETURN BY May 27, 2017 to your church pastor or mail to: Mission Devine, PO Box 42, Devine, TX 78016 (So we may place you on a team prior to work week)

Name:		Age:
Your Home Address:	City	zip
		Best Time to call:
Emergency Contact:		Phone #
I am willing to serve in the follo	owing areas: (Check All that Apply)	
Prayer Team Prayer team membe Supply Runner (must have vehicle)		ry: Light or Heavy
I am available at the following  Monday Tuesday  All All  Morning Morning  Afternoon Afternoon Evening Evening  All Day Morning (7:30 a.m	Wednesday       Thursday         □All       □All         □Morning       □Morning	Friday Saturday All All Morning Morning Afternoon Evening Evening Evening Syening (5:pm to 8:30pm)
Are you willing to be a Project		
	rkforce at designated site * get materials planning process for project * Insure safe	ready for work project * Meet with Mission ety of volunteer's * Report progress and needs to
	greeing to allow Mission Devine to photograph you during to materials and websites and that you understand these phot	Date:
Important Items: <ul><li>Lunch is provided for v</li><li>VBS at First United M</li></ul>	volunteers lethodist Church Devine, ages 5-12, 8:30 a ded at First Baptist Church Devine, 08:an :	u.m. – 11:30 a.m.
Plea	ATTENTION MIN	
Signature of Parent and/or Legal By Signing above, I am attesting	g that I am the legal guardian of the minor child volunteer referenced minor to work with	referenced on this application and agreeing to allow the Mission Devine.

In the event of an emergency, please contact (primary):

(secondary): \_\_\_\_\_\_ phone #\_\_\_\_

\_\_ phone #\_\_