2016 Mission Devine Volunteer Application & Emergency Contact Form June 13-18, 2016

"Loving your neighbor as yourself"
Matthew 22:39

One participant per form – PLEASE TRY AND RETURN BY May 27, 2016 to your church pastor or mail to: Mission Devine, PO Box 216, Devine, TX 78016 (So we may place you on a team prior to work week)

Name:		Age:
Your Home Address:	City	zip
Church Affiliation		
Your Home Phone #:	Cell Phone #:	Best Time to call:
Emergency Contact:	Phone #	
I am willing to serve in the follo	wing areas: (Check All that Apply)	
Prayer Team Prayer team member Supply Runner (must have vehicle)		ral Handyman 🔲 - Plumber
Are you willing to be a Project Le Responsibilities of a Project Le Manage volunteer work	Wednesday ☐ All ☐ Morning ☐ Morning ☐ Afternoon ☐ Evening ☐ Thursday ☐ All ☐ Morning ☐ Morning ☐ Afternoon ☐ Evening ☐ Evening ☐ Incomplete Incomplete ☐ YES ☐ NO ☐ Incomplete ☐ Incomple	Friday Saturday All All Morning Morning Afternoon Afternoon Evening Evening Evening (5:pm to 8:30pm) Seready for work project * Meet with Mission afety of volunteer's * Report progress and needs to
Signature: By signing this document you are also agree Devine 1 Important Items: • Lunch is provided for you • VBS at Methodist Church • Childcare is provided at Please check if needed:	eing to allow Mission Devine to photograph you during naterials and websites and that you understand these ph	g the Mission Devine Work Week and to use these photographs in Mission totographs will be viewed by the public.
Pleas	ATTENTION MIN e have your Parent(s) and/or Legal Guardian	
Signature of Parent and/or Legal (By Signing above, I am attesting	Guardian:that I am the legal guardian of the minor chivolunteer referenced minor to work with	ld referenced on this application and agreeing to allow the ith Mission Devine.
In the event of an emergency, please	contact (primary):(secondary):	