



POTTER CHILDREN'S HOME & FAMILY
MINISTRIES, INC.
VOLUNTEER REGISTRATION

(Please present your driver's license to be copied for the Central Registry Check)

Personal Information

NAME	
ADDRESS	
PHONE	
E-MAIL	

Group Affiliation

Group Name:		
City:		State:

Times Available (Note: weekend hours are available only on rare occasions)

S	M	T	W	TH	F	S

ARE YOU WORKING TOWARD COMMUNITY SERVICE OR COLLEGE CLASS HOURS? YES ____ NO ____ If so, date completion of hours needed _____

DO YOU WANT TO CONTINUE VOLUNTEERING AFTER THESE HOURS ARE ACQUIRED? YES ____ NO ____

Please check areas you are willing to serve

- | | | |
|--|---|---|
| <input type="checkbox"/> Landscaping Projects | <input type="checkbox"/> Stocking Pantry | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Clothing Room Resale | <input type="checkbox"/> Maintenance Projects |
| <input type="checkbox"/> Housekeeping Projects | <input type="checkbox"/> Misc. Dev. Projects | <input type="checkbox"/> Maintenance Projects |
| <input type="checkbox"/> Misc. as needed | | |

Date	Project	Start	End	Hours	Date	Project	Start	End	Hours

Date Applied: _____