

LOAVES & FISHES

VOLUNTEER FORM

Please print clearly

NAME: _____

PHONE NUMBER: Home _____
Cell _____

E-MAIL: _____

CHURCH AFFILIATION: _____

AVAILABLE TO WORK:

	Week 1	Week 2	Week 3	Week 4	Week 5
Co-ordinators:	Linda	Linda	Kathy	Anne *	Kathy
	_____	_____	_____	_____	_____

ANY WEEK as needed: _____ ON CALL _____ OCCASIONAL _____

ANY OTHER COMMENTS?

