

Buckingham United Methodist Church

For Church
Use ONLY

Volunteer Registration Form 2012

BGC: _____
MS: _____
A/Y: _____
Crew: _____



June 17-21
6:00pm-8:30pm

Volunteer's Name: _____ Sex: M ___ F ___

Mailing address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Cell Number: (_____) _____

Home e-mail address: _____

Date of birth: _____

In case of emergency, please contact: (List name, evening phone# and cell phone):

Name: _____ cell number: _____

Name: _____ cell number: _____

Allergies, medical conditions, special needs: _____

In case of medical emergency, may we have permission to transport you to the nearest medical facility? _____ (signature)

Church Affiliation: _____

My picture may appear in church/news publications: _____
(signature)

I would like to purchase an SKY music CD for \$5: Y ___ N ___

I would like to volunteer as a: Station Leader/Crew Leader/Other: _____