

Adult Volunteer Registration Form

(Please photocopy as needed)

PLEASE PRINT IN INK OR TYPE

Mail forms to:
Kathy Wendling
Adult Volunteer Coordinator
1728 Lark Street
New Orleans, LA 70122

PLEASE INDICATE YOUR ESTIMATED GATHERING ARRIVAL AND DEPARTURE

Estimated Arrival Date and Time: _____

Estimated Departure Date and Time: _____

Mr. Mrs. Ms. Rev.

Name _____
Last First Initial

Address _____

City _____ State _____ Zip _____

E-Mail _____ Day Phone (_____) _____

Cell Phone (_____) _____ Evening Phone (_____) _____

LCMS Congregation _____

Congregation City _____ State _____ Zip _____

Pastor's Name _____

Why do you wish to serve as an Adult Volunteer? _____

List significant church/community volunteer activities: _____

Please list any special gifts, professional skills or leadership experiences you have such as CPR, First Aid, Servant Event, Music, Athletics, etc.

Any special needs we should be aware of? _____

Were you a participant at a previous LCMS Youth Gathering? ___ Yes ___ No

If yes, what Gathering(s) have you attended and what were your responsibilities? _____

I would like to take part in the **2010 LCMS National Youth Gathering, "WE BELIEVE,"** as an Adult Volunteer. As a volunteer, I am making the commitment to serve in the specific volunteer work identified. I understand that there may be time to participate in some of the Gathering program but this cannot be guaranteed. Serving as an Adult Volunteer offers me the opportunity to share in the joy and celebration by growing and serving others.

Participant Signature

Date