Cary Christian Center, Inc Volunteer Application for Individuals or Couples

Please complete the following information and return to Cary Christian Center, attention Volunteer Ministry.

Name(s):	Age(s)
Address:	
Telephone: H	C
Email Address:	
Occupation: Self	Spouse
1. Do you have any health factors work you could do?	that would limit the amount or type of
No	
Yes (Please describe)	
2. Will you be bringing a recreatio	nal vehicle in need of hookups?
No Yes	
3. Will you need housing in an apa No Yes	rtment?
4. What are the expected dates ar	nd approximate arrival time?
Arrival Date:// Time: _ Are these dates flexible? No Yes	Departure://

5. List the name of your home church: (Name, City & State)	
6. Skills and Work Experience (Please list specific abilities; i.e. carplumbing, etc and those of your spouse if applicable).	pentry,
7. Please list the name and phone number of an emergency contact person:	
Telephone: Home Work	
**Please note that Cary Christian Center does not have medical lia workman's compensation, or employer's liability on our volunteers Volunteers are responsible for their own insurance. **	

Tel: 662-873-4593

Fax: 662-873-4112 Toll Free: 888-668-1256