

**THE CHURCH HAS LEFT THE BUILDING**



Sunday, September 25, 2016

Chambers Hill  
United Methodist Church

717.561.0388

www.chambershillumc.org

**VOLUNTEER REGISTRATION FORM**

Name: \_\_\_\_\_ (PLEASE PRINT)  
 \_\_\_\_\_ (LAST) \_\_\_\_\_ (FIRST)

Address: \_\_\_\_\_ email: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_  
 \_\_\_\_\_ HOME \_\_\_\_\_ CELL

**UNDER AGE 18?**

You must have your parent/guardian fill out the consent form on the back of this application.

**CHILD CARE :** Child care will be available for children at our church from 9:00AM to 11:00AM for parents who are serving at other sites.

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

**PROJECT SELECTION**

*Please check a first, second, and third choice project.*

1 <sup>st</sup> choice	2 <sup>nd</sup> choice	3 <sup>rd</sup> choice		1 <sup>st</sup> choice	2 <sup>nd</sup> choice	3 <sup>rd</sup> choice	
			#1 Breakfast for Homeless				#9A School Playground AM
			#2 Adopt a Highway				#9B School Playground PM
			#3 Gleaning for Food Bank				#10 Hospice House
			#4 Caitlyn Smiles (KIDS)				#11 Fire House Landscaping
			#5 Sewing Project				#12 Cookout
			#6 Stop Hunger Now				#13 CATRA
			#7 New Life Cleanup				#14 Ronald McDonald House
			#8 New Life Playground				#15 Nursing Home Hymn Sing
							#16 Daystar Painting

YES  NO ← I wish to work on more than one project (*if time allows*)

If there are specific persons you wish to work with, list the name(s) here:

I will be attending the supper and celebration at 5:00PM  YES  NO



T-SHIRT SIZE: S M L XL XXL XXXL Children's: YS YM YL YXL  
 (please circle) OR  I already have a t-shirt from last year (design is the same)

Please return this form ASAP to the Church office at 6300 Chambers Hill Road, Harrisburg, PA 17111 by 9/4/16

**Do not write below this line. For Committee Use Only**

Date Received: \_\_\_\_\_ Project Assigned: \_\_\_\_\_



Sunday, September 25, 2016

Chambers Hill United  
Methodist Church

PARENT/GUARDIAN PERMISSION FORM  
(FOR PERSONS UNDER AGE 18)

**THE  
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(PLEASE PRINT)

Name of Person under the age of 18: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Contact Person in case of emergency: \_\_\_\_\_

Contact Person's phone number: \_\_\_\_\_  
HOME CELL

Please list any medical conditions and/or allergies that we should be aware of:

Statement of Permission

I, as legal guardian of the above-named volunteer, do hereby give permission for him/her to participate in Chambers Hill UMC's "The Church Has Left the Building" service project.

This permission also allows the volunteer to be transported to and from a project area if necessary.

Further, I give my permission for my child to receive any medical care deemed necessary.

I also give permission for my child's picture and video to be taken during the day and used in online, electronic, and print media created for our church.

Physician's Name and Phone Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent/Guardian Name (PLEASE PRINT): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

(NOTE: This form MUST BE COMPLETED for all persons under the age of 18.)