

2017/18 Friends in Faith VOLUNTEER  
For youth in grades 9--12 (as of fall 2017)  
West Des Moines Christian Church

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Grade Fall 2017 \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

home # \_\_\_\_\_ Cell # \_\_\_\_\_

e-mail address \_\_\_\_\_

I volunteer with **Friends in Faith** Wednesdays 3:45 p.m. To 5:30 p.m.; Sept. 13—May 2

\_\_\_ every Wednesday                      \_\_\_ most Wednesdays

\_\_\_ I will be a faithful volunteer for Friends in Faith and count this ministry as an important part of my week.

Email me if you plan on being a helper and turn in your volunteer form as soon as possible. Thanks Martha

**HEALTH INFORMATION AND PERMISSION FORM**

Parent/guardian \_\_\_\_\_

e-mail \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency contact and phone # \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in the activities of West Des Moines Christian Church 2017/18. I understand that all activities will be supervised and that medical and/or hospital care will be given if serious illness or injury occurs. I understand that I will be notified in case of illness or injury. If I cannot be contacted, I give permission for emergency treatment as recommended by attending physician or dentist. I further release West Des Moines Christian Church and the staff from responsibility and liability for any accidents or illness that may occur.

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Date)

For more information, Contact: Martha; [martha@wdmcc.org](mailto:martha@wdmcc.org); Pam [pam@wdmcc.org](mailto:pam@wdmcc.org)