Christian Care Center
Benevolence Center

Last Name: _____ **Date:** _____

First Name: _____

Shifts Available: Please check times you are available.

	Monday	Tuesday	Wednesday	Thursday	Friday
6:30 - 8:45 a.m.					
8:30-11:30 a.m.					

Which area of volunteering would you be interested in?

_____ Counseling _____ Packing Food _____ Warehouse

_____ Greeting _____ Clothes Closet _____ Low Impact Work (Seated)

_____ Making Client Appointments _____ Answering Phones

Bookkeeper note		
Date: ____	DIR Book	BK Book
Entered in:		
Service area		
Alpha		
Birthdays		