



Short-term Volunteer Information Form

Location Code:

Title: Mr. Mrs. Miss Dr. Rev.

Gender: M F Age Category: 13-17 18+

First Name:

Last Name:

Your Address:

City:

State:

Zip:

Home Phone:

Email Address:

Local volunteer teams serve throughout the year to promote Operation Christmas Child in their communities. Are you interested in learning more about these opportunities to serve? Yes No

Name of church or group you are representing: (if any)

Number of hours you will be volunteering this week:

MON	TUES	WED	THURS	FRI	SAT	SUN	MON	TOTAL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>