



Diaconal Out Reach Care and Service

Deaconess Deanna L. Cheadle  
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www.lutheranDORCAS.org

**SERVING ALONG THE APPALACHIAN FRONTIER  
VOLUNTEER REGISTRATION FORM**

Congregation Information

Congregation: \_\_\_\_\_

Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Travel Plans

Arriving by:  personal vehicle  bus

Arrival time: \_\_\_\_\_ Date: \_\_\_\_\_

Departure time: \_\_\_\_\_ Date: \_\_\_\_\_

Would you be willing to use your personal vehicle during the week?  Yes  No

Please return this completed form by:

Date Due: June 1, 2010

Deposit Amount: \$50.00 (suggested)

Diaconal Outreach Care and Services

Attn: Dcs. Deanna Cheadle

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