



Deaconess Deanna L. Cheadle  
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Diaconal Out Reach Care and Service

www.lutheranDORCAS.org

**CHRIST IN CHILLICOTHE  
VOLUNTEER REGISTRATION FORM**  
Participant Information

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: Male Female

Circle all that apply:

Youth      Adult      Lay Leader      Ordained      Commissioned  
Title: \_\_\_\_\_

Previous Servant Event Experience:

\_\_\_\_\_

List other experiences, abilities, or interests that may be helpful for this Servant Event:

\_\_\_\_\_

Special Needs (medical, allergies, diet, etc.):

\_\_\_\_\_

Are you a Thrivent member?      Yes      No

Yes, I look forward to serving Jesus Christ, our Lord, remembering His generosity and constantly doing His will. I pray that He continue to grant me the grace to use the various and unique gifts of the Holy Spirit to His honor and glory giving me faith to go out with good courage.

Yes, I give permission to allow any pictures or videos taken during the event to be used in publications by DORCAS or the Lutheran Church—Missouri Synod.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Yes, I give permission for my son/daughter to participate in this Servant Event and for his/her name, address, telephone #, and email address to be included on the participation list and shared with others at this event and with the Lutheran Church—Missouri Synod.

Yes, I give permission to allow any pictures or videos taken of my son/daughter during the event to be used in publications by DORCAS or the Lutheran Church—Missouri Synod.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_