



# Volunteer Registration Form

a free clinic for those in need

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_ Home Church \_\_\_\_\_

Please select from the following:

- Shepherd (Many volunteers are needed to guide guests through the clinic.)

I have specialized skills:

- Hair Stylist  Evangelism
- Medical (Doctor, Nurse, Dentist, Optometrist)  Translator

A Team Lead has asked me to volunteer for the following:

- Clothes Closet  Food Server
- Custodial Assistance  Parking Attendant
- Food Pantry  Registration
- Food Preparation  Kids' Area

**Saturday, April 21, 2012**

**10:00 am - 2:00 pm**

**Christian Youth Center . 110 Manhattan Road . Joliet IL 60433**

### Parent (Guardian) Consent

I hereby give permission and consent for my:  son  daughter

\_\_\_\_\_ to volunteer at the Joliet Cares Free Clinic.

(minor child name)

Please print your name: \_\_\_\_\_

During the event I may be reached at: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



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