



faith
covenant
food
outreach

Volunteer Registration

Date _____

Name _____

Phone _____

Address _____

Email _____

Photography Consent:

I agree to let Faith Covenant Church use photos of myself. yes___ no___

Signed _____

Minor Permission:

Volunteers under the age of 18 must to have a signed permission to participate.

I give my permission for _____ to participate in the Faith Covenant Food Outreach.

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Phone Number Parent/Guardian can be reached at _____