

LUTHERIDGE+LUTHEROCK MINISTRIES, INC. VOLUNTEER RECORD

Please take a moment to fill out this form and return it to our site manager, upon arrival. We like to have the names and addresses of all volunteers.

Group Name/Church Affiliation: _____

Address: _____

Telephone: _____

Fax: _____

Group Leader: _____

Name & Address of Participants (list on back or attach sheet if needed):

FOR OFFICE USE ONLY

Project Description: _____

Dates: _____ Accommodations: _____

Meals: _____ Staff Liaison: _____