

Volunteer Count Form

To be completed three weeks prior to event date

Church Name: _____

Dates: _____

Name of Church Contact: _____



Host Homes (*required)

Name: _____ Phone: ____-____-_____

Address: _____

City: _____ Zip Code: _____

Email: _____ Number of Staff: _____ (2 minimum)

Voluntary Disclosure Form: Yes No Church Background Check: Yes No

Name: _____ Phone: ____-____-_____

Address: _____

City: _____ Zip Code: _____

Email: _____ Number of Staff: _____ (2 minimum)

Voluntary Disclosure Form: Yes No Church Background Check: Yes No

Name: _____ Phone: ____-____-_____

Address: _____

City: _____ Zip Code: _____

Email: _____ Number of Staff: _____ (2 minimum)

Voluntary Disclosure Form: Yes No Church Background Check: Yes No

Name: _____ Phone: ____-____-_____

Address: _____

City: _____ Zip Code: _____

Email: _____ Number of Staff: _____ (2 minimum)

Voluntary Disclosure Form: Yes No Church Background Check: Yes No

Name: _____ Phone: ____-____-_____

Address: _____

City: _____ Zip Code: _____

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Voluntary Disclosure Form: Yes No Church Background Check: Yes No

Name: _____ Phone: ____-____-_____

Address: _____

City: _____ Zip Code: _____

Email: _____ Number of Staff: _____ (2 minimum)

Voluntary Disclosure Form: Yes No Church Background Check: Yes No

Volunteer Count Form

Church Name: _____
Name of Church Contact: _____



Host Homes (*required)

Name: _____ Phone: ____-____-_____
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Name: _____ Phone: ____-____-_____
Address: _____
City: _____ Zip Code: _____
Email: _____ Number of Staff: _____ (2 minimum)
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City: _____ Zip Code: _____

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Name: _____ Phone: ____-____-_____

Address: _____

City: _____ Zip Code: _____

Email: _____ Number of Staff: _____ (2 minimum)

Voluntary Disclosure Form: Yes No Church Background Check: Yes No

Celebration Host

Tuesday

Name: _____

Address: _____

City: _____ Zip Code: _____

Thursday

Name: _____

Address: _____

City: _____ Zip Code: _____

Email: _____ Phone: ____-____-_____

Volunteer Count Form

Church Name: _____
 Name of Church Contact: _____



Monday Registration Volunteers

Name: _____	Name: _____
Email: _____	Email: _____
Name: _____	Name: _____
Email: _____	Email: _____
Name: _____	Name: _____
Email: _____	Email: _____
Name: _____	Name: _____
Email: _____	Email: _____
Name: _____	Name: _____
Email: _____	Email: _____
Name: _____	Name: _____
Email: _____	Email: _____

Medic

Name: _____	Phone: ____-____-_____	Email: _____
Days: <input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	
Voluntary Disclosure Form: <input type="checkbox"/> Yes	<input type="checkbox"/> No	Church Background Check: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Phone: ____-____-_____	Email: _____
Days: <input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	
Voluntary Disclosure Form: <input type="checkbox"/> Yes	<input type="checkbox"/> No	Church Background Check: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Phone: ____-____-_____	Email: _____
Days: <input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	
Voluntary Disclosure Form: <input type="checkbox"/> Yes	<input type="checkbox"/> No	Church Background Check: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Phone: ____-____-_____	Email: _____
Days: <input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	
Voluntary Disclosure Form: <input type="checkbox"/> Yes	<input type="checkbox"/> No	Church Background Check: <input type="checkbox"/> Yes <input type="checkbox"/> No

Volunteer Count Form



Church Name: _____
Name of Church Contact: _____

Small Group Assistants

Name: _____ Phone: ____-____-____ Email: _____

Voluntary Disclosure Form: Yes No Church Background Check: Yes No

Name: _____ Phone: ____-____-____ Email: _____

Voluntary Disclosure Form: Yes No Church Background Check: Yes No

Name: _____ Phone: ____-____-____ Email: _____

Voluntary Disclosure Form: Yes No Church Background Check: Yes No

Name: _____ Phone: ____-____-____ Email: _____

Voluntary Disclosure Form: Yes No Church Background Check: Yes No

Name: _____ Phone: ____-____-____ Email: _____

Voluntary Disclosure Form: Yes No Church Background Check: Yes No

Name: _____ Phone: ____-____-____ Email: _____

Voluntary Disclosure Form: Yes No Church Background Check: Yes No

Name: _____ Phone: ____-____-____ Email: _____

Voluntary Disclosure Form: Yes No Church Background Check: Yes No

Name: _____ Phone: ____-____-____ Email: _____

Voluntary Disclosure Form: Yes No Church Background Check: Yes No

Name: _____ Phone: ____-____-____ Email: _____

Voluntary Disclosure Form: Yes No Church Background Check: Yes No

Name: _____ Phone: ____-____-____ Email: _____

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Voluntary Disclosure Form: Yes No Church Background Check: Yes No

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Voluntary Disclosure Form: Yes No Church Background Check: Yes No

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Small Group Assistants

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Name: _____ Phone: ____-____-____ Email: _____

Voluntary Disclosure Form: Yes No Church Background Check: Yes No

Name: _____ Phone: ____-____-____ Email: _____

Voluntary Disclosure Form: Yes No Church Background Check: Yes No

Name: _____ Phone: ____-____-____ Email: _____

Voluntary Disclosure Form: Yes No Church Background Check: Yes No

Name: _____ Phone: ____-____-____ Email: _____

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Voluntary Disclosure Form: Yes No Church Background Check: Yes No

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Voluntary Disclosure Form: Yes No Church Background Check: Yes No

Name: _____ Phone: ____-____-____ Email: _____

Voluntary Disclosure Form: Yes No Church Background Check: Yes No

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Lunch Providers (*required)

Monday

Name: _____

Phone: ____-____-____ Email: _____

Tuesday

Name: _____

Phone: ____-____-____ Email: _____

Wednesday

Name: _____

Phone: ____-____-____ Email: _____

Thursday

Name: _____

Phone: ____-____-____ Email: _____

Friday

Name: _____

Phone: ____-____-____ Email: _____