



Volunteer Application

PLEASE SEND THE FOLLOWING INFORMATION TO:

Oshiners@cfl.rr.com

or

911 N. Shine Avenue
Orlando, FL 32803

by August 19

INSTRUCTIONS Please type or print the following information.

CONTACT NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

E-MAIL ADDRESS _____

I am available to volunteer

- _____ the morning of Saturday, August 26
- _____ the afternoon of Saturday, August 26
- _____ the evening of Saturday, August 26
- _____ the morning os Sunday, August 27
- _____ the afternoon of Sunday, August 27
- _____ the later afternoon of Sunday, August 27

I have the following skills:

- _____ Good at greeting and speaking with people
- _____ Good behind-the-scenes helping set-up, re-arranging, etc.
- _____ Good at praying with people and for people
- _____ Good at working with children