Loganville Community Ministry Village

Volunteer Information Sheet

Name: _____

Address: _____
_____

Contact #'s: **Home:**_____
Cell: _____
Other:_____

E-mail: _____

Position Preferred: _____

Days / Hours Available:
Monday: y / n _____
Tuesday: y / n _____
Wednesday: y / n _____
Thursday: y /n _____
Friday: y / n _____
Saturday: y / n _____