

VOLUNTEER WORK WEEK REGISTRATION April 15-18, 2024

Name _____ Phone () - _____

Address _____ Email address _____

City _____ State _____ Zip Code _____

Home Church _____

Arrival Date _____ Time of Arrival _____ Departure Date _____
(day and date) (day and date)

****please note that VWW is Monday through Thursday this year***
YOU MAY ARRIVE ON SUNDAY AFTERNOON

Meals: Beginning with _____ Ending with _____
(The first meal available is **Monday breakfast**, and the last meal available is **Thursday lunch**)

Food Allergies: _____

Housing is on a first-come, first-served basis

Type of Room: Single _____ Double _____ Number staying in Room(s) _____

Special Housing Requirements _____

I would be willing to provide a 15 min devotion _____

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