



DAILY VOLUNTEER REGISTRATION

☺ Please PRINT ☺

Page: _____ of _____

PROJECT: _____

DATE: _____

Location: _____

WCB#: _____

By completing this form you understand that MDS does not assume any responsibility for or obligation to provide financial assistance for medical, health or disability if an injury or illness would occur on site.

NAME: _____ PHONE: () _____
 Mailing _____ Email: _____
 ADDRESS: _____ Skills: _____

* I do not wish to be put on the MDS mailing list Home Congregation: _____

Emergency Contact:(name) _____ (phone) () _____

NAME: _____ PHONE: () _____
 Mailing _____ Email: _____
 ADDRESS: _____ Skills: _____

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Emergency Contact:(name) _____ (phone) () _____

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 Mailing _____ Email: _____
 ADDRESS: _____ Skills: _____

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NAME: _____ PHONE: () _____
 Mailing _____ Email: _____
 ADDRESS: _____ Skills: _____

* I do not wish to be put on the MDS mailing list Home Congregation: _____

Emergency Contact:(name) _____ (phone) () _____

* Privacy Statement: Your personal information will be respected. Its use will be limited to our mailing list (unless you opted out) & statistical purposes. Our mailing list consists of a quarterly newsletter & the occasional fund/volunteer appeal notice.