

NURSERY VOLUNTEERS SIGN-UP SHEET

Name: _____

Spouse's Name (if you both could volunteer): _____

Address: _____

_____ (Zip) _____

E-mail: _____

Home Phone: _____

Cell phone(s): _____

PLEASE TELL US YOUR PREFERENCES:

Circle which Sunday of the month: 1st 2nd 3rd 4th 5th

Check which time slot: _____ Sunday school: (9:30-10-30am)
_____ Late worship service: (10:30am - approx. Noon)
_____ No preference or _____ BOTH

Check which age group: _____ Nursery (Birth to 18 months)
_____ Toddlers (18 months to 4 years)
_____ No preference or _____ BOTH

Volunteers must be a member of FCC(doc)
for at least 6 months. --Connie Alexander, Nursery Coordinator



☺ Thank you very much for making this commitment to our church!

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