Southeastern California Conference Of Seventh-day Adventists

VOLUNTEER SERVICES

Name:		Date:	
Address:		Telephone:	
		Location:	
Assignment: Beginning Date:		Ending Date:	
Volunteer Signature	Date	Supervisor/Pastor Signature	Date
	Of Seventh	alifornia Conference -day Adventists	
	VOLUNTE	EER SERVICES	
Name:		Date:	
Address:		Telephone:	
		Location:	
Assignment:		Ending Date:	
Beginning Date:			
AS A VOLUNTEER I UNDER	RSTAND THERE IS NO	PAYMENT AND NO EMPLOYMENT RELA	ATIONSHIP
Volunteer Signature	Date	Supervisor/Pastor Signature	Date