

Southeastern California Conference  
Of Seventh-day Adventists

**VOLUNTEER SERVICES**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Location: \_\_\_\_\_

Assignment: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Beginning Date: \_\_\_\_\_

**AS A VOLUNTEER I UNDERSTAND THERE IS NO PAYMENT AND NO EMPLOYMENT RELATIONSHIP**

\_\_\_\_\_  
Volunteer Signature

Date

\_\_\_\_\_  
Supervisor/Pastor Signature

Date

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