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MINISTER DOUG WILSON



VOLUNTEER RECRUIT FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ CELL: _____

AGE: _____

MARITAL STATUS: _____

OCCUPATION: _____

CHURCH AFFILIATION: _____

SPECIAL SKILLS: _____

HAVE YOU EVER VOLUNTEERED FOR ANY PROJECT BEFORE?

YES _____ NO _____

IF YES, WHAT? _____