ROOFTOP FRIENDS

JOY OF GIVING
Volunteer Application 2025

Name: _____

Home Church: _____

Phone: _____ **E-Mail:** _____

Age: (check One) ___UNDER 10 ___ 10 – 18 ___OVER 18

Have you volunteered in previous years _____

In What Role: _____

What Volunteer Position are you going to fill this year?

_____

Who recruited you this year? _____