

Volunteer Ministry Form  
Walcamp Outdoor Ministries  
32653 Five Points Road  
Kingston, Illinois 60145



Fax: (815) 784-4085

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Company/Group Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Company Fax: \_\_\_\_\_

Home Church & City: \_\_\_\_\_

Thrivent Member? Yes \_\_\_\_ No \_\_\_\_

Areas of expertise: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would be interested in:

- Board Member
- Board of Ambassadors
- Contact person for my church
- Handicamp Servant
- Grounds & Maintenance Helper
- Kitchen Helper
- Office Helper
- Outdoor Education Teacher
- Worker Bee
- Nurse/Medic

- Junior Servant
- Fall Festival Worker
- Golf Outing Worker
- Annual Dinner & Auction
- Servant Events / Work Projects