



# Michi-Lu-Ca

Conference Center & Camp

## Volunteer Profile

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

Dates you would like to volunteer \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

**Address #1 :** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Expected dates that this address should be used \_\_\_\_\_

**Address #2** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Expected dates that this address should be used \_\_\_\_\_

e-mail address: \_\_\_\_\_

**Emergency contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Night Time Phone: \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Would you like to receive a pledge card from Michi-Lu-Ca Y / N (circle one)  
Would you like information on donating to Michi-Lu-Ca through the Thrivent “Simply Giving” or “Giving Plus” programs? Y / N (circle one)