

# God's Work. Our Hands.

## Church Without Walls Sunday Registration Form

If you prefer to be assigned by FLC planners (your name will be placed in any area of need)  
circle preferred level of service and please check this box:

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

Register singly or as a family (include all names/ages)

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*Relational*

*Low Labor*

*Moderate Labor*

*Active Labor*

*(please circle one or more choices)*

Is there a project you have done at a past Church Without Walls Sunday that you enjoyed? Would you prefer the same project if available? Circle Y or N. If so, please list project

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Do you plan to register for child care? Circle Y/N

Best Phone Number in case we need to reach you: \_\_\_\_\_

Emergency Contact Person and Phone Number: \_\_\_\_\_

Examples of ideas for projects include:

Relational—Tie quilts; Make/Pack Kits; Bake Cookies.

Low Labor—Stock shelves; Sort clothing.

Moderate Labor—Highway & Park Clean-up, etc.

Active Labor—Gardening; Lawn Work; Physical Labor.

Liability Release Agreement: I/We understand that there are inherent risks involved in any service project, and I/we hereby release First Lutheran Church, its staff and volunteers from any and all liability due to any injury, loss, or damage to person or property that may occur during the course of my/our involvement with Church Without Walls. I understand that I/we may be photographed or videotaped by First Lutheran or Faith Lutheran Churches while participating in Church Without Walls, and authorize the use of those photos in any church advertising/website use.

Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete this form and return it to the church office.**