

King Christian School
G.I.V.E. Program
Get Into Volunteering Everyone
G.I.V.E. VOLUNTEER FORM



Volunteer Name: _____

Volunteer Position Filled: _____

Date Completed: _____ No. of Hours _____

Contact Person Sign-Off: _____

I am on a committee: Committee Name: _____

Make sure this form is signed and returned to the G.I.V.E. Committee

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