

PNO Volunteer Form

(Return to the Incarnation Office)

Name_____

Address_____

City/State/Zip_____

Home Phone_____ Cell Phone_____

Email Address_____

Please indicate which shift would be your first, second or third choice. We will do our best to make sure you get one of your top three choices. You and your spouse will be required to work your shift or your child will not be allowed to attend. In the event you cannot work your scheduled shift, you will be rescheduled for another evening, at the staff's choosing. We thank you in advance for your willingness to be involved. We wouldn't be able to do it without the loving hands of our faith community!

_____ November 4th 5:15-8:30 pm

_____ January 6th 5:15-8:30 pm

_____ March 3rd 5:15-8:30 pm

_____ April 7th 5:15-8:30 pm

Any questions, please contact:

Stefanie Straka

Nursery & Children's Ministry Coordinator

sstraka@incarnationmn.org