



## MASSTIME CHILDCARE VOLUNTEER REGISTRATION

**PLEASE PRINT CLEARLY**

Today's Date: \_\_\_\_\_

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

Program you would like to volunteer in (circle):

**Little Hands of Faith**  
(must be 21 years or older)

**Guppies**

Email: \_\_\_\_\_

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

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

Will you have a child registered in Masstime Childcare? (circle):

**YES—Little Hands of Faith**

**YES—Guppies**

**NO**

Which Sunday(s) of the month would you prefer to serve on? (circle)

**1<sup>st</sup> Sunday**

**2<sup>nd</sup> Sunday**

**3<sup>rd</sup> Sunday**

**4<sup>th</sup> Sunday**

**5<sup>th</sup> Sunday**  
(for 5 week months)