Project Transformation®
Arkansas

Reading Volunteer Sign-Up Form

Your Church:_____ Reading Day/Month(s):_____
Church Contact:_____
Phone:_____ Email: _____

Name of Volunteer	Volunteer Date(s)

I verify that the above individuals, who are 18 or older, have completed Safe Gatherings certification through the ARUMC. They have all been cleared to volunteer with the children served at Project Transformation as an outreach ministry of our church.

_____

Signature of church staff member authorized in Safe Gatherings Date

PT Arkansas
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