

Cary Christian Center

Group Volunteer Application

Please complete the following information and return to Cary Christian Center. Attention: Volunteer Ministry. **Application must be returned to hold requested dates.** If you have any questions or changes in plans, please contact our Volunteer Manager or Assistant.

Current Date: _____ Name of Church/Group: _____

Physical Address of Church/Group: _____

Church Tel: _____ Fax: _____ E-mail _____

Name of Coordinator for Church/Group: _____ Tel: _____

Postal Address of Coordinator: _____

E-Mail Address: _____

Dates Requested: From ____/____/____ to ____/____/____

**Housing: Our volunteer dormitory sleeps approximately 70 (35 males/35 females).
There are 4 apartments (1 queen-size bed and 1 full-size sleeper sofa).**

Estimated number group: _____

| | Male | Female |
|------------------|-------|--------|
| Adults | _____ | _____ |
| College Students | _____ | _____ |
| High School | _____ | _____ |
| Elementary | _____ | _____ |

Total:

Note: an adult 25 years or older must accompany every 10 children younger than 21.

Will your group need additional housing in apartment(s)? Note: As available only.

Yes ____ No ____ Quantity desired _____

Will your group be bringing recreational vehicles in need of hookup? Yes ____ No ____ How many? ____

Mailing Address: P.O. Box 57 * Physical Address: 154 Cottonwood Street * Cary, MS 39054
Telephone: 662-873-4593 Fax: 662-873-4112 * E-mail: volunteer@carychristiancenter.org

9/11/12