



In essentials, unity; in non-essentials, liberty; and in all things, love.

King Moravian Church

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King Moravian Church Share the Blessing – Mission Blitz 2025 Volunteer Form October 10th-11th

SERVICE WEEKEND ACTIVITIES

Devotion Friday morning at 10:00 a.m. at King Moravian Church. Depart for the work site. You may bring a bag lunch from home. (optional)

Breakfast and devotion on Saturday at 8:00 a.m.

In addition to your gift of time, we also need your financial support for our Share the Blessing – Mission Blitz. Your donation of \$25 with your registration will help with the cost of breakfast, your T-shirt, and the materials for the weekend.

REGISTRATION INFORMATION

1. Please complete the attached registration form and return to the church office by Wednesday, October 1. (Note: T-shirts will be available for this year's Mission Blitz.)
2. Please include \$25 donation if you are able. (Checks made payable to: KING MORAVIAN CHURCH; note "Share the Blessing".)

For more registration information or questions, please contact the King Moravian Church office at (336) 283-5322.

COVENANT STATEMENT

I have thought about what it means to answer God's call to serve others. I accept my responsibility to live and work in the community while participating in all aspects of the King Moravian Mission Blitz 2025.

Do not forget the joy of the Lord is your strength; remember this...

- We are called not to be fearful, we are called to love;
- We are called not to parade our holiness, we are called to be faithful;
- We are not called to be all-knowing, we are called to believe;
- We are not called to claim, we are called to give;
- We are not called to be victorious, we are called to be obedient;
- We are called to serve and walk humbly with our God.

Sign and keep with you.

Name: _____ Date: _____

KING MORAVIAN CHURCH SHARE THE BLESSING – MISSION BLITZ 2025 VOLUNTEER FORM

(Please Print)

We will be washing windows and doing yard work for our senior members, and bringing/sharing a meal with them. Volunteers will be needed for meals and job sites.

VOLUNTEER INFORMATION

Volunteers Name: _____

Phone no. (home/cell): _____ / _____

Email: _____

T-shirt size: _____

EMERGENCY CONTACT: _____

Phone no. (home/cell): _____ / _____

DO YOU HAVE A VEHICLE TO VOLUNTEER ON SITES?

___ Pickup Truck ___ Dump Truck ___ Trailer

MEDICAL INFORMATION

Physician's Name: _____

Phone no.: _____

Last Tetanus Shot (check one): ___ current year ___ 1-5 yrs ___ 5-10 yrs ___ unknown

Insurance Company Name (prim/sec): _____ / _____

Policy Holders Name: _____

Policy Number: _____

Preferred Hospital: ___ Baptist ___ Forsyth

List any medications, allergies, medical conditions and important medical conditions that qualified medical personnel should be aware of:

VOLUNTEER WAIVER

I, _____, agree to volunteer my time and talents to help my neighbors in the community with home repairs/ improvements. As a volunteer, I hereby waive any liability against King Moravian Church in connection with the Share the Blessing – Mission Blitz project. I also allow any Mission Blitz pictures in which I may appear to be used to help show and promote the ministry of Mission Blitz.

Signature (Parent of Guardian signature is under 18)

“Children of God Serving others in the spirit of Christ”

*We will keep this form on file for the year. You will only need to update your insurance information each year.