



## Women of Power International Ministries EVENT VOLUNTEER REGISTRATION FORM

Please Print

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
First Middle Initial Last

ADDRESS: \_\_\_\_\_  
Number Street Unit

CITY: \_\_\_\_\_ STATE: ARIZONA ZIP: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

Please Circle All That Apply

LANGUAGES: English Spanish Other(s): \_\_\_\_\_

Please identify the event(s) for which you are volunteering: \_\_\_\_\_  
\_\_\_\_\_

Do you have any physical limitations (i.e. cannot lift more than 25 lbs)? Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this application, I certify that the information provided is true and correct to the best of my knowledge. I hereby agree to indemnify and hold harmless Women of Power International Ministries, its agents, employees and sponsors from any and all liability for accidents resulting in injury, dismemberment, paralysis or death. Furthermore, I give Women of Power International Ministries and its sponsors permission to use my name and image in print, video and other forms of electronic media.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Mail completed forms to: Women of Power International Ministries 540 W. Iron Avenue, #118 Mesa, AZ 85210

Revision #: 2  
Date: March 30, 2009