



Volunteer Form

Yes, I would like to volunteer for any or all of the following: (Check all that apply)

Dentist _____
Dental Assistant _____
Administrative Support _____
Driver for Clinic _____ (CDL Required)
Other _____

Please submit your information below to volunteer:

Name _____
Phone _____
Email _____

Or, call the Church office at 812.944.6448, ext. 138 or email **Glenda** at gpereiro@gracelandbaptist.org

We also need your support through:

- Praying** - Set aside time to pray specifically for the ministry.
- Giving** - Financial Support by designated giving through the Church; or Corporate Donations.
- Going** - Share the ministry opportunity as you go into your community.



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