

Shepherd's Center Topeka (SCT) Member Profile

Date: _____

Name: _____

Address & City _____ Zip Code _____

Phone Home _____ Cell Phone _____

Email Address: _____

Have you subscribed on our website to receive emails and newsletters? YES NO

Church Affiliation: _____

Hobbies and Interests: _____

We need your help. Will you volunteer? Please check all that apply.

<input type="checkbox"/> Activity Coordinator	<input type="checkbox"/> Introduce Speakers	<input type="checkbox"/> Provide Rides to Events
<input type="checkbox"/> Audio-Video (Computer/Proj)	<input type="checkbox"/> Membership - Calling Tree	<input type="checkbox"/> Registration - Name Tags
<input type="checkbox"/> Decorate Bulletin Board	<input type="checkbox"/> Membership Directory	<input type="checkbox"/> Social Events Committee
<input type="checkbox"/> Facility Setup and Tear down	<input type="checkbox"/> Newsletter Mailing	<input type="checkbox"/> Travelers Club
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Non-repair computer help	
<input type="checkbox"/> Greeter	<input type="checkbox"/> Office Assistance	
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Planning Committee/AiL	

Activity Group Interest - Circle all that apply: Pickleball Hand and Foot Canasta
Bridge SCT Book Club MAP Writing Group SMS Exercise Line Dancing Tai Chi

Other Activity Ideas? _____

Would you be interested in presenting at "Adventures in Learning" (AiL)? List your topics:

Photo on file? Yes No Year: _____

I give permission to Shepherd's Center to use my photo for publicity and directory. YES NO

I release and forever discharge and hold harmless Shepherd's Center of Topeka (SCT) and its successors from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide or receive from SCT.

Signature _____ Date _____

Drop off at Lowman or mail to same address: Shepherd's Center, 4101 SW 15th St., Topeka KS 66604