



ZION Lutheran Church

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REV. SCOTT LUDFORD
Senior Pastor

BOB HASS
Council President

VOLUNTEER REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: (____) _____

Email: _____

_____ Lay Reader

_____ Information Desk

_____ Communion Asst.

_____ Morning Coffee

_____ Acolyte

_____ Usher

_____ Greeter

_____ Projector Operator

_____ (other)

Thank you for your service to our ministry.
-Your friends at ZION-
Remember – if you cannot make it, please find a replacement.