

GRACE TRES DIAS

1645 W. Valencia Dr., Fullerton, CA 92833

Phone: 714.290.0015 E-mail: gtd@gkc.org

Gtd#_____ 팀멤버 참가 신청서 Team Member Application

성명(NAME): _____ 성별 (GENDER): M / F 생년월일 (Date of Birth): _____

섬기는교회및그룹 (CHURCH & GROUP AFFILIATION): _____ 직분: _____

주소 (ADDRESS): _____

전화번호 (PHONE): _____ E-MAIL: _____

팀멤버 봉사경험 유무를 Full-time Part-time 으로 구분하여 횟수를 적어 주십시오.

(HAVE YOU SERVED AS A TEAM MEMBER? If yes, how many times?) FULL-TIME () PART-TIME ()

그동안 봉사하신 부서에 서클하시고 횟수를 그 아래에 적어주십시오.

(IN WHICH 'CREWS' HAVE YOU SERVED? Please circle the Dept. and put number of serving below)

Rollo room Kitchen Set-up Palanca Decoration Refreshment

총무단이 참고로 하기 위한것이고 실제로는 다른 부서에 들어갈수 있음을 미리 알려 드립니다.

T 셔츠사이즈 (SHIRT SIZE (circle one): Small Medium Large XLarge XXLARGE)

RELEASE OF LIABILITY & MEDICAL CONSENT

I do hereby remise, release and forever discharge all Grace Korean Church staff members and employees, acting officially or otherwise, from all actions, causes of actions, claims and demands for, upon, or by reason of any injury, damage, loss or death which may occur from the use of any facility under the Grace Korean Church staff supervision. In case of medical emergency, I understand an effort will be made to contact the emergency contact below. In the event he/she cannot be reached, I hereby give permission to the physician and/or hospital selected by the activity director to give treatment in the manner and to the extent necessary in the opinion of the said physician and/or hospital.

팀멤버서명(Team Member Signature) _____

날짜 (DATE) _____


비상시 연락할 수 있는 분의 성함 및 전화번호

(EMERGENCY CONTACT & PHONE NUMBER)

팀멤버 Fee (Team Member Fee) :

\$150 (Please make a check payable to GKC)

For Office Use Only:

Enclosed Amount	Cash / Check #	Date Received	Received by	O/N Parking Registry
				

REV.2024