



Staff Registration Form

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

T-shirt Size- (circle one) XS S M L XL XXL

Church Affiliation _____

Check one:

a) Day Staff _____ Overnight Staff _____

b) New Staff _____ Returning Staff _____

Area(s) of service on CJ Staff _____

In case of emergency, notify _____

Relationship and Phone Number _____

Medications you are currently taking _____

Medical conditions or allergies _____

I have read and understand the Becoming the Crown Jewel Policy and Procedures Manual

Signature _____

Date _____

For office use only:

Date _____

Check number _____

Cash _____

Bank _____

Amount Paid _____