

Volunteer Needs

Shepherd's Center of Lexington needs individuals with various skills who may be willing to volunteer or to be an information resource to assist us in the operations of the Shepherd's

<input type="checkbox"/> Assist at Registration Table (various times) <input type="checkbox"/> Assist with Name Tags (9:15) <input type="checkbox"/> Assist with Directions (9:50) <input type="checkbox"/> Assist with Morning Refreshments (9:15) <input type="checkbox"/> Assist with Lunch Setup (11:00) <input type="checkbox"/> Assist with Checking Lunch Tickets (11:45) <input type="checkbox"/> Assist with Lunch Serving (11:45) <input type="checkbox"/> Offer a lunchtime blessing (12:05) <input type="checkbox"/> Assist with Lunch Cleanup (12:45)	<input type="checkbox"/> Serve on Fundraising Committee <input type="checkbox"/> Serve on Class Planning Committee <input type="checkbox"/> Serve on Activity Committee <input type="checkbox"/> Serve on PR and Marketing Committee <input type="checkbox"/> Set up Signs Outside (9:15) <input type="checkbox"/> Make a lunch presentation Topic: _____ <input type="checkbox"/> Teach a class Topic: _____
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Photo Release

Note that we take pictures during classes, morning snack, and lunch. We would like to be able to use these pictures through print and social media to help advertise the center.

I grant to Shepherd's Center of Lexington, its representatives and employees the right to take photographs of me and my property in connection with classes and events. I authorize Shepherd's Center of Lexington, its assigns and transferees, to copyright, use, and publish the same in print and/or electronically. I agree that Shepherd's Center of Lexington may use such photographs of me with or without my name and for any lawful purpose, including such purposes as publicity, advertising, and web content.

Signature

Date

Spring 2023 Registration and Payment Form

Provide current contact information including email address. **Please print legibly.**

Name: (last, first) _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ New Email? Yes or No (circle)

Emergency Contact Name: _____ Phone: _____

Any special assistance needed? _____

Registration Fee: ____\$25 Lunch for **entire session**: ____\$15

Donation Amount: ☐\$10 ☐\$20 ☐\$30 ☐\$50 ☐Other: \$ _____

Total Enclosed: \$_____ ☐ I wish to apply for a session scholarship for \$ _____

Make checks payable to **Shepherd's Center of Lexington**

Return completed registration form with payment to Shepherd's Center of Lexington
309 East Main Street, Lexington, SC 29072

Please indicate your 1st & 2nd choices in each time slot by adding a "1" and "2" in the boxes beside desired classes

10:00am Classes

11:00am Classes

1:00pm Classes

	Acrylic Art			Chair Yoga
	Beginning Knitting		Apple iPhone Basics	Chess
	Bible Study--Revelation		Beginning Line Dance	Financial Planning
	Crafts		Jazzercise	Fun & Games
	Gardening		Let's Go Globetrotting	Girl Singing Groups
	Intermediate Line Dance		Life Under the Seas	Group Crossword
	Life Hacks		Read! Think! Talk!	Origami
	Using Apple Watch		Reinventing Yourself	Spanish
	What they Should have Taught in School		Sharp Fit Brain	Story of Native America

For Office Use Only: Date Received: _____ Notes: _____

Cash Amount Paid: \$ _____ Check Amount Paid: \$ _____ Check #: _____ Total Paid: _____