

B.E.A.C.O.N. VOLUNTEER FORM

First Name: _____

Last Name: _____

Address: _____

Telephone Number: _____

Email: _____

Church you belong to: _____

Describe how you would like to volunteer: _____

Please mail to:

B.E.A.C.O.N.
P.O. Box 23468
Belleville, IL 62223

Any Questions? Call us at, 618-222-8942