

SUMMER FUN AT GRACE

VOLUNTEER REGISTRATION FORM

Volunteer Name _____

Parent/Family/Guardian Name (if under 18) _____

E-mail Address _____

Phone Numbers: Home _____ Cell _____

Age Information (if under 18)

Date of birth _____ Age _____

Last school grade completed _____

Allergies/Medical Information/Other

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Tuesday Availability (check which days you are available)

- August 6
 August 13
 August 20
 August 27
 All Tuesdays

Volunteer Area (Mark your top two choices)

- | | |
|---|--|
| <input type="checkbox"/> Morning Greeter | <input type="checkbox"/> Assistant Station Leader – Games |
| <input type="checkbox"/> Morning Registration Table | <input type="checkbox"/> Station Leader – Projects |
| <input type="checkbox"/> Crew Leader | <input type="checkbox"/> Assistant Station Leader – Projects |
| <input type="checkbox"/> Assistant Crew Leader | <input type="checkbox"/> Snack Coordinator |
| <input type="checkbox"/> Station Leader – Games | <input type="checkbox"/> Storytelling/Drama Participant |