

ADULT VOLUNTEER FORM

SAINT PATRICK/SAINT CANICE

SUMMER FAITH CAMP 2018



June 25-29, 2018

Camp Hours: 9-12:30 Volunteer Hours: 8:30-1

Location: St. Patrick's @ St. Cecilia's Parish Center
423 Dalton Street, Grass Valley

Name

Home Phone

Cell Phone

Address

City

State

Zip

E-mail

Prior to Summer Faith Camp I would like to help in the preparation of :

Crafts ___ Decorations ___ Publicity ___ Phone calls ___ Other _____

During Summer Faith Camp, I would like to help with:

As a Leader

Helper

Bible Stories

Imagination/Science

Recreation/Games

Snacks

Music

Kid Vid

Closing program

Volunteer Luncheon

Photographer/Videographer

Other

I prefer to work with:

Preschoolers: _____ School Age (1st - 6th): _____

T-Shirt Size:

AS _____ AM _____ AL _____ AXL _____ A2XL _____

(ADULT size)

*My favorite coffee/morning beverage: _____

Return form by JUNE 5th with emergency information (on the back) completed.

Questions?? Please contact Carol Keane Stein at summerfaithcamp@gmail.com

PLEASE COMPLETE THE MEDICAL RELEASE ON THE BACK OF THIS FORM



Emergency Information Adult Volunteers St. Patrick/St. Canice Summer Faith Camp 2018

Name:

Last Name

First

Middle I.

Date of Birth

Address

Street

City

State

Zip

Phone Number

Local Contact in the event of an emergency:

1.

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Insurance Information

Physician _____ Ins Co/# _____ Phone _____

Dentist _____ Ins Co/# _____ Phone _____

Questions?? Please contact Carol Keane Stein at summerfaithcamp@gmail.com

Mail completed forms to Summer Faith Camp, St. Patrick Church 235 Chapel Street, GV, 94945

Thank you!