



Volunteer Form

July 21st-25thth : 9a.m-12p.m

Name: _____

Phone: _____

If under 18.

Parent/Guardian: _____

Relationship: _____

Phone: _____

Emergency Contact:

Name: _____

Phone: _____

How would you like to serve? (Please check off one)

☐ Group Leader (Adults only) ~ Pre-K ☐ K ☐ 1st & 2nd ☐ 3rd & 4th ☐

☐ Group Helper ~ Pre-K ☐ K ☐ 1st & 2nd ☐ 3rd & 4th ☐

☐ Kitchen Staff ☐ Imagination Station (aid) ☐ Craft Crew

☐ Games (aid) ☐ Bible (aid)

*If you would like to participate in tie-dying, please be sure to mark your name on a t-shirt and bring it with you to the first day of camp.