

Day Camp On Location Volunteer Questionnaire

INFORMATION

Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

QUESTIONS

(Check all that apply)

I want to serve as a CHECK-IN Volunteer for:

- Monday Check-in (8:15-9:30 am)
- Tuesday Check-in (8:15-9:30 am)
- Wednesday Check-in (8:15-9:30 am)
- Thursday Check-in (8:15-9:30 am)
- Friday Check-in (8:15-9:30 am)

I want to serve as a CHECK-OUT Volunteer for:

- Monday Check-out (3:45-4:15 pm)
- Tuesday Check-out (3:45-4:15 pm)
- Wednesday Check-out (3:45-4:15 pm)
- Thursday Check-out (3:45-4:15 pm)
- Friday Check-out (2:45-4:15 pm)

I want to serve as a LUNCH Volunteer on:

- Monday (11:30-1:00)
- Tuesday (11:30-1:00)
- Wednesday (11:30-1:00)
- Thursday (11:30-1:00)
- Friday (11:30-1:00)

I want to serve as a MED STAFF Volunteer on:

- Monday (8:15 am - 3:00 pm)
- Tuesday (10:00 am - 3:00 pm)
- Wednesday (10:00 am - 3:00 pm)
- Thursday (10:00 am - 3:00 pm)
- Friday (10:00 am - 3:00 pm)

I want to serve as a DINNER volunteer on:

- Wednesday night dinner (dropped off at the church)
- Friday night dinner and gathering (dinner at your home)