Valley Adventures Day Camp 2017

Volunteer Registration Form

Volunteer Information									
Name (First, M., Last):					Are you a registered Girl Scout:				
						,	Yes	No	
Street Address:				City/State:		l		Zip Code:	
Email:	mail: Day Phone:			I	Evening Phone:			Cell Phone:	
Have you ever b	peen convicted	l of a felony?	Yes	No	T-shirt Adult Sizes:				
If Yes, please specify:					S M L XL 2XL			L XL 2XL 3XL	
# of Camper(s) at Camp: (Include Name and Grade)									
Signature:			Serv	vice Unit:			Date:		
			Voluntaan Training						
Sib	lina Caro 9.	Dave' Unit				M	-lntoo	- Training	
Sib	ling Care &	Boys' Unit			Discoo DAA			r Training	
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	ibling Care?	Yes No			volunteer i your first c W	IK the a n order hoice. Ith my o	rea in wh of your p daughter'	ich you would like to preference with '1' being s unit	
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Age/Grade:

Gender:

F

Μ

T-shirt size:

Do you have current CPR training?