Valley Adventures Day Camp 2020

***Volunteer Registration Form – Type or Print clearly in Blue or Black ink***

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| **Volunteer Information** |
| Name of Volunteer (First, Last): | Are you a registered Girl Scout? Yes No |
| Street Address: | City/State: | Zip Code: |
| Email: |  | Cell Phone: | Text Okay?Yes No |
| Have you ever been convicted of a felony? Yes NoIf Yes, please specify: | T-shirt Adult Sizes only – please circle size and style – Women or MenS M L XL 2XL 3XL |
| List complete name of Camper(s) at Camp and Fall Grade Level:1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: | Service Unit: | Date: |

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| **Sibling Care & Boys Unit**  |  | **Volunteer Training** |
| Will you need Sibling Care? Yes NoWill you need the Boys Unit? Yes No* All children must be potty trained.
* Boys grades 1-6 are eligible for boys’ unit and there is a $60 camp fee.

**Reminder: No sibling care or boy’s unit provided for the Thursday overnight. All are welcome for dinner.** |  | Please RANK the area in which you would like to volunteer in order of your preference with ‘1’ being your first choice.\_\_\_ With my daughter’s unit\_\_\_ Daisies / Brownies (Grade 1-3) \_\_\_ Juniors (Grade 4-6)\_\_\_ Boys (Grade 1+)\_\_\_ Sibling Care\_\_\_ Food Crew \_\_\_ Floating Volunteer/Photographer\_\_\_ Friday Clean Up |
| Child #1 Name: |  | Other relevant experience applicable to role of UNIT LEADER (teacher, Boy Scouts, etc.)  |
| Age / Grade: | Gender: M F | Youth T-shirt size: |  |  |
| Child #2 Name: |  | Do you have current first aid training? |
| Age/Grade: | Gender: M F | Youth T-shirt size: |  | Do you have current CPR training? |

Do you have a tent that could be used for the overnight on 06/18/2020? Yes No

For Office Use Only: HF\_\_\_\_ Amt Paid\_\_\_\_\_\_\_\_\_\_ Check \_\_\_\_ Cash\_\_\_\_\_ Cookie Credits \_\_\_ Amount Due\_\_\_\_\_\_\_\_\_\_\_\_\_ Reminder letter sent \_\_\_\_\_\_\_\_\_\_