

# Adult Volunteer Form

Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

(please print legibly—communication will be through e-mail)

Phone: \_\_\_\_\_

I would like to volunteer 5 Days OR Specific Days  
M T W T F  
(circle days)

Week	Time
_____ June 7th—June 11th	_____ 9:00am—12:15pm
_____ June 14th—June 18th	_____ 12:00pm—3:15pm

(indicate selection)

**What would you like to volunteer for? Please give us a first and second choice.** (We will try to honor all requests. However, it is first come, first serve.)

- |   |  |
|---|--|
| _____ Group Leader, Grade Level                           | _____ Photographer—take pictures of campers throughout the week, get them developed and make displays.           |
| _____ Arts & Crafts                                       | _____ Snacks   |
| _____ Drama—help children learn important Bible teachings | _____ Chadder Adventure theater—un way for campers to understand the scripture focus of the day; video component |
| _____ Games   | _____ Coordinator Assistant  |
| _____ Preschool   | _____ Nursery  |
| _____ Friday Picnic                                       |  |

As a FULL TIME volunteer, I will need the nursery for my child(ren):

\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

**X MANDATORY VOLUNTEER MEETING— TBD**