

VOLUNTEER REGISTRATION FORM

First Name:	Last Name:	
Email:	Preferred Phone:	Date of Birth:
Address:		Apt. #
City:		Zip:
Parish/Church:	School (if student):	
Special skills:	How did you hear about camp?	
EMERGENCY CONTACT INFORMATION:		
Name:		Relationship:
Phone:		
Volunteer Signature:		Date:

**Please check all dates and shifts for which you would like to volunteer.
Time slots are suggested. We are grateful for any time you would like to help.**

MONDAY, AUGUST 14

- 10:00a-1:00p
- 1:00p-5:00p
- 5:00p-7:00p

Other: _____

TUESDAY, AUGUST 15

- 10:00a-1:00p
- 1:00p-5:00p
- 5:00p-7:00p

Other: _____

Please return this form to:

Volunteer Manager
St. Augustine Health Campus
7801 Detroit Avenue
Cleveland, OH, 44102

WEDNESDAY, AUGUST 16

- 10:00a-1:00p
- 1:00p-5:00p
- 5:00p-7:00p

Other: _____

THURSDAY, AUGUST 17

- 10:00a-1:00p
- 1:00p-5:00p
- 5:00p-7:00p

Other: _____

Volunteers under the age of 15 must be accompanied by a parent or guardian.

Please dress for the weather of the day. Camp operates rain or shine! You are welcome to sign up for multiple days and time slots.

Questions? Please call Advancement at 216-215.5859
kathymconnaughy@att.net