

FAITH ALIVE SUMMER CAMP
July 23rd or July 27th , 8:00 a.m. – 12:30 p.m.
High School Volunteer Application Form

Name (please print): _____ Grade^(in Sept.)_____

Phone: _____ email: _____

Camp t-shirt size (circle) : Youth L XL or Adult S M L XL

Emergency Contact: _____ Phone: _____

HEALTH CARD NO. _____

ALLERGIES: _____

PERSONAL INFORMATION

In the space below, please state why you want to be a volunteer for Faith Alive Camp.

Volunteer/Leadership Experience – (Describe any volunteer experience you have important to the role and responsibilities as a volunteer leader with children.)

Applicant Signature: _____

Parent/Guardian Signature: _____