

ADULT VOLUNTEER FORM
August 15, 16, 17, 18, 19



NAME: _____

ADDRESS _____ TOWN _____

ZIP _____

HOME PHONE _____ CELL _____

I WOULD LIKE TO HELP IN THE FOLLOWING AREAS

MUSIC _____ CRAFTS _____ STORYTELLER _____

GAMES _____ SNACK _____ COUNCELOR/ESCORT _____

FRIDAY NIGHT DINNER HELP _SET UP _____ CLEAN UP _____

I HAVE CHILDREN IN THE PROGRAM _____

I WOULD LIKE TO BE A COUNELOR/ESCORT WITH MY CHILD

(NAME) _____ GOING INTO GRADE _____

I WOULD LIKE THE \$50. FEE WAIVED _____