

VOLUNTEER/CREW REGISTRATION

Catholic Day Camp July 22-25, 2024 9:00 am until 12:00 p.m.

| Volunteer's last name: | first name: |
|--|--|
| Gender: □ Male □ Female Ad | dult (over 18 y/o) □ Youth □ Grade: |
| Food allergies, dietary requirements (i.e., gl | uten free), medical conditions, or special needs: |
| Contact Number telephone: () | |
| Contact Email Address: | |
| Emergency Contact cell phone: () | |
| Email address: | |
| Home parish: | |
| In case of emergency, contact: | |
| Phone: () | |
| Relationship to volunteer: | |
| | |
| Have you received the sacraments of: (Pleas | se check if received) |
| ☐ Baptism ☐ Reconciliation | ☐ Confirmation ☐ First Eucharist |
| VOLUNTEER OPPORTUNITIES: (Please select | <mark>t one or more categories)</mark> |
| YOUTH VOLUNTEERS | ADULT VOLUNTEERS |
| Crew Leader | Imagination Station Leader |
| Set Design and set up | Reef Rec Station Leader (outside sport/activity) |
| Decorating | Sticky Scriptures Station Leader |
| Photography | Opening/Closing Music and Skit Leader |
| Skit Actor | Set Design and set up OR Decorating |
| Music | Audio Visual Leader or Helper |
| Audio/Visual support | Photography |
| Sorting and Preparing Materials for week | Craft Leader/Saints Presentation |
| I'm not sure, but I know I want to help! | Snacks/Catering (Must have food preparation card.) |
| | I'm not sure, but I know I want to help! |