



ADULT Volunteer

(18 years and over)

Registration Form

July 28th – August 1st, 2025

8:00 am to 12:00 pm

Volunteer's Name: _____ Gender: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: (if living with parent) _____ Cell: _____

Email Address: _____

Home Church: _____ T-Shirt Size: _____

Current Safe Environment Certification? Yes ☐ No ☐

Allergies, Medical conditions, or Special Needs: _____

In case of emergency, contact: _____

Phone: _____

