



Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Grade \_\_\_\_\_

Mailing Address \_\_\_\_\_



Volntueer T-shirt Size

E-mail Address \_\_\_\_\_

Adult XS

Adult Large

Adult XXXL

Phone Number \_\_\_\_\_

Adult Small

Adult XL

Adult Medium

Adult XXL

Have you volunteered in the past in any department of Archimedean Schools (including ACC)?

No

Yes \_\_\_\_\_  
*If Yes, please explain*

Have you volunteered in the past with another organization?

No

Yes \_\_\_\_\_  
*If Yes, please explain*

Please check the shift you are interested in

Morning Shift 7am-12:30pm

Afternoon Shift 12:30pm-6pm

Please check the period(s) you would like to volunteer hours

Summer Camp 1: June 21st - July 2nd

Summer Camp 2: July 5th - July 16th

Summer Camp 3: July 19th - July 30th

Summer Camp 4: August 2nd - August 13th

Emergency Contacts

1. Name \_\_\_\_\_

Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Phone \_\_\_\_\_

As a Camp Volunteer you will be assisting the ACC Teachers and Group Leaders in the activities that the campers will be participating in during the camp. You will not be staying alone with the campers and you will never travel outside the Archimedean Main Campus.



Important

\_\_\_\_\_  
*Volunteer's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Name*

\_\_\_\_\_  
*Date*