

# Camp Courageous Volunteer Sign-In Sheet

## Volunteer Information Sheet

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Special medical concern or allergies:**

**Notify in case of emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number \_\_\_\_\_

Organization Affiliation \_\_\_\_\_

Do you prefer to work with any specific age groups?

What days and hours are you willing to work?

Do you have a specific number of hours you are working towards?

What activities would you prefer to participate in?

*(swimming, arts and crafts, sports, dances, makeovers, carnivals, music, hiking, puppet shows, skits, etc.)*

Do you have any talents you would like to share?

Questions, concerns or other:

Please return to Camp Courageous Inc.  
12701 Waterville-Swanton Road  
Whitehouse, Ohio 43571  
419.875.6828