

Health Care Volunteer Form



Name _____

Address _____

City/State/ Zip _____

Phone (home) _____ work _____

Cell _____ Email _____

Please list *Youth Camp* date(s) desired:

1st choice _____

2nd choice _____

3rd choice _____

- I'd like to be a Camp Health Care Volunteer for more than one camp session.
Volunteers are needed for Youth Camp sessions only. ☺
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