

MUSICAL THEATER CAMP 2018 VOLUNTEER APPLICATION FORM

Please Print Clearly

Yes! I would like to VOLUNTEER AT MUSICAL THEATER CAMP.

NOTE: child's registration is waived for adults who volunteer M-F at musical theater camp.

Please direct questions to juliawallace@foothillsumc.org or leave a message for Julia Wallace at the church office 619/670-4009.

VOLUNTEER CONTACT INFORMATION

Name: _____ Email: _____

Address (street, city, zip): _____

Cell phone: _____ Home phone: _____

Age/Grade in School (if in middle, high school or college): _____ Check here if you are over age 21: _____

List any Allergies / Special Needs / Physical Limitations: _____

Your t-shirt size: ___Adult S ___Adult M ___Adult L ___Adult XL ___Adult 2XL ___Adult 3XL

If you are under age 18, what is: Your Parent's Name _____

Your Parent's Cell Phone: _____ Your Parent's email: _____

VOLUNTEER SKILLS / INTERESTS

Please let us know how you'd like to help:

I enjoy working with kids ages (check all that apply):

___kinder ___1st grade ___2nd grade ___3rd grade ___4th grade ___5th grade ___6th grade ___7th grade ___8th grade

List any music and/or theater experience or applicable skills so that we can know where to place you as a volunteer:

If you have a child enrolled in Musical Theater Camp this year:

Child's First & Last Name: _____