VBS DAY CAMP VOLUNTEER FORM

NAME	PHONE
ADDRESS	EMAIL
CITY,ST, ZIPbefore volunteering with children per our ch	Bethany requires all adults to have a background check complet safety policy. Please check with the office if you have not previously completed a background check with us.
PLEASE CIRCLE THE FOLLOWI	NG DAYS & TIMES YOU ARE ABLE TO VOLUNTEER
AM SESSION (8:45AM – 12:15PM)	SNACK & LUNCH PREP & SERVE (10AM – 1PM) PM SESSION (11:45AM – 3:15PM
	MONDAY TUESDAY WEDNESDAY THURSDAY
PLEASE CIRCLE IF YOU WOUL	D BE WILLING TO DONATE FOOD FOR THESE MEALS
EWALU Staff Breakfast Morn	ing Snack Morning Drink Camp Lunch
PLEASE CIRCLE THE EVENING	YOU WOULD BE WILLING TO HOST THE EWALU COUNSELORS FOR SUPPER
	MONDAY TUESDAY WEDNESDAY
WE WILL BE SENDING OUT ASSIGN	MENTS FOR DONATIONS OF TIME AND FOOD THE LAST 2 WEEKS OF MAY
PLEASE RETURN THIS FORM BY MA	AY 15 TH TO BETHANY LUTHERAN CHURCH OFFICE OR MAIL TO: PO BOX 236 WEST BRANCH
PLEASE RETURN THIS FORM BY MA	BS DAY CAMP VOLUNTEER FORM
PLEASE RETURN THIS FORM BY MA	BS DAY CAMP VOLUNTEER FORM PHONE
PLEASE RETURN THIS FORM BY MA V NAME CITY,ST, ZIP	BS DAY CAMP VOLUNTEER FORM PHONE EMAIL EMAIL PO BOX 236 WEST BRANCH PROBLEM EMAIL
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PLEASE RETURN THIS FORM BY MAY 15TH TO BETHANY LUTHERAN CHURCH OFFICE OR MAIL TO: PO BOX 236 WEST BRANCH

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