



## YOUTH Summer Volunteer 2026

**Check weeks you'd like to register for** (if you can't do Monday through Thursday for the week, please write the days you are available next to it):

<input type="checkbox"/> June 1-4	<input type="checkbox"/> June 29-July 2
<input type="checkbox"/> June 8-11	<input type="checkbox"/> July 6-9
<input type="checkbox"/> June 15-18	<input type="checkbox"/> July 13-16
<input type="checkbox"/> June 22-25	<input type="checkbox"/> July 20-23

### Child's Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Shirt size: \_\_\_\_\_

Male:  Female:  Birthdate: \_\_\_\_\_ Grade (2025-26): \_\_\_\_\_

Allergies (explain severity & if it requires an EpiPen): \_\_\_\_\_

Other Special Needs: \_\_\_\_\_

### Age Group they'd prefer to be with (please circle one):

1's    2's    3's    4's    K-2nd    3rd-5th    No preference

Second choice if first choice is unavailable: \_\_\_\_\_

### Parent/Guardian Information:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### IN CASE OF EMERGENCY, NOTIFY THE FOLLOWING:

(other than parents/guardians listed above)

Name/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**6th graders and older can volunteer.** (no fees, but still need a registration form on file)