

Student



Volunteer

Thank you for volunteering to be a part of Summer Splash. All student volunteers will be assigned to work with an adult who is in charge of the class/activity. This is a great opportunity for High School students to fulfill their graduation requirement of volunteer hours.

Name of Student

Volunteer: _____

Student Phone: _____

Parent Name: _____

Parent Email: _____

Parent Phone: _____

- Activity Preference:
- | | | |
|-------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Anything | <input type="checkbox"/> Art | <input type="checkbox"/> Baking |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Cheer/Dance | <input type="checkbox"/> Flag Football |
| <input type="checkbox"/> MMA | <input type="checkbox"/> Science | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Whiffle Ball | <input type="checkbox"/> Team 45 (4 & 5 year olds) *High Need |

As a student volunteer, I will:

- Make all participants feel welcome.
- Follow the directions of any adults/coaches.
- Ask for help when I need it from an adult.
- Do my best to exemplify Christ in my words and actions.
- Attend Summer Splash the entire camp, Monday through Friday, 8:30 am – 12:30 pm, June 27 – July 1.
- I will set up for Summer Splash on Sunday, June 26th, 1-4 pm (lunch provided)**
- Break down Summer Splash on Friday, July 1st until 3 pm**
- Attend any necessary Summer Splash training meetings before camp.

Student Signature: _____ Date: _____

Parents:

- My student is available to attend Summer Splash, June 27 – July 1, 8:30 am -12:30 pm – EVERY DAY**
- My student has transportation or can self-transport each day of camp.
- Make my student available for any Summer Splash training/information meetings prior to camp.

Parent Signature: _____ Date: _____