

B.L.A.S.T. Volunteer Application

Full Name:

Date:

First

Last

M.I.

Birthdate:

Address:

City

State

Zip

Phone Number:

Email:

Current School:

Current Grade:

Parent Information

Mom's Name

Phone Number

Dad's Name

Phone Number

Family Doctor:

Name

Facility

Phone Number

Is there any other pertinent information or restrictions that you would like to disclose?

How will you be getting to and from camp?

Have you attended BLAST in any context in the past? Yes _____ No _____

If yes, how were you involved?

Why do you want to volunteer at BLAST?

What are your interests?

Camp Runs May 24-July 15 at 1C/The Sanctuary. Please give a general idea of the days or hours you would like to volunteer at BLAST. (specific days can be marked later)

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| | | | | |

Parent Signature:

Date:

Volunteer Signature:

Date:
