

# ILYEC Volunteer Application



## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Availability

During which days are you available to volunteer at camp?

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Saturday | <input type="checkbox"/> Wednesday   |
| <input type="checkbox"/> Monday   | <input type="checkbox"/> Thursday    |
| <input type="checkbox"/> Tuesday  | <input type="checkbox"/> Friday      |
| <input type="checkbox"/> Sunday   | <input type="checkbox"/> Entire Camp |

## Interests

Tell us in which areas you are interested in volunteering

## Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Thank you for completing this application form and for your interest in volunteering with us.