

Camp Machasay

Volunteer Group Form

Date: ___ / ___ / ___ Completed by: _____

Group Name _____

Address _____

Phone: (___) _____ Cell: (___) _____ Fax: (___) _____

Contact Name _____

Address _____

Home Phone: (___) _____ Work: (___) _____ Cell: (___) _____

E-Mail Address: _____

Trip Details

_____ # Adult Males

_____ # Adult Females

_____ # Youth Males

_____ # Youth Females

_____ **Total in group**

Arrival date ___ / ___ / ___ **Departure date** ___ / ___ / ___

Arriving by Car Van Bus Plane Other _____

Information packet sent ___ / ___ / ___ and returned ___ / ___ / ___
(consists of Individual Volunteer form, Participant Release form, and Skills form)

Our Group will be able to provide the following: ___ equipment ___ funds ___ personnel

-----**For Office Use Only**-----

Date work packet sent ___ / ___ / ___ Date returned ___ / ___ / ___

Workcrew dates confirmed ___ / ___ / ___ By staff member _____