

Camp Machasay
Individual Volunteer Form (for work crew use only)

Date: ___/___/___ Completed by: _____

Group Name/City _____

Volunteer Name: _____
First Initial Last

Address: _____
City State Zip

Home Phone: () work: () cell: ()

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

Need housing? Yes No From ___/___/___ to ___/___/___

Need meals? Yes No

volunteer liability form signed ___/___/___

skills form filled out ___/___/___

Emergency contact information:

Name _____ phone: () cell: ()

Date of last tetanus shot ___/___/___

Health issues: _____

Male Female youth under 18 years ___/___/___ birthdate youth release signed

I am a certified Immediate Responder

I am part of a Church group

If yes, denomination _____ Congregation _____

I am the team leader

