Volunteer Form

Name:		Date of birth:	Phone #:
			Postal Code:
VOLUNTEER POSITION	ONS: (Please check what	you'd like to apply for)	
□ Nurse	□ Camp Counselor□ Life Guard□ Other	□ Catechism Te	□ Ukr. Dance Teacher eacher □ Ukr. Language Teacher
(Note: police checks, need	led for 1 st time volunteers, w	ill be obtained and paid f	or by Fr. Ireneus)
Name of parish:		School: (if applicable)	
ANY SPECIAL QUAL	IFICATIONS?		Do you swim?
Medical insurance no. &	company:FERENCE AND PLEDGI		
➤ As a part of pareting Saturday various roles of the Please submit this volume complete the police back	The property of the volume of	nteers are request a at St. Basil's Cu	ted to attend an orientation altural Center, outlining the d since it may take up to a month to a. Basil's Summer Camp. It will be
	ers with children at the ca olunteers under 18 years o		0% discount on the camp fees ent from their parents.
I can stay at camp from	JULY 2 to JULY 15, 201		to
SIGNATURE OF APPI	LICANT:		DATE:
NAME OF PARENT/G	UARDIAN: (if applicable)	