



OH Volunteer Form

Name:

Home Address:

Home Phone #:

Cell Phone #:

E-mail address:

Have you ever been a volunteer with LFG Camp before?

If yes, what was your assignment?

Registration Food set-up/breakdown Kid's tent Data Input Parking
Other _____

Volunteer time slots (*Please select the time slot you wish to volunteer*):

6:30am-10:00am

10:00am-2:00pm

2:00pm-5:30pm

Return completed form to Kathy Mazza at kmazza@otterbein.edu.

For Office Use Only:

Volunteer Assignment:

Assignment Leader:

Comments: