



## PA 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 Dawn Comp at [compd@lafayette.edu](mailto:compd@lafayette.edu).

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### ***For Office Use Only:***

Volunteer Assignment:

Assignment Leader:

Comments: