



2021 Summer Camp Volunteer Form

Name _____ School _____

Date of Birth _____ Grade (2020-21 school year) _____

Mother/Legal Guardian _____ Father/Legal Guardian _____

Address: _____

Email _____

Weeks Available (Example Weeks of June 7th, 14th, July 5th): _____

Do you have copies of Criminal and Child Abuse clearances (must be within past 3 years)? **yes** **no**

Emergency Contacts (local; in addition to parents/guardians)

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone number: _____ Phone number: _____

Name of Physician or Primary Medical Care Provider

Name: _____

Location: _____

Phone number: _____

Insurance Policy: _____

Insurance Policy #: _____

Signature

Date

Please return this form to:
jfate@lauriannwestcc.org
Fax # 412 828 3539
Email jfate@lauriannwestcc.org
Attn: Jason Fate, Lauri Ann West Community Center, 1220 Powers Run Road, Pittsburgh, PA 15238