'Che Dineyard

RETURN TO: The Vineyard 1945 Vineyard Rd. Westfield, NC 27053 USA Tel: 1-336-351-2070 Fax: 1-336-351-2902 letters@vineyardcamp.com www.vineyardcamp.com



Adult Volunteer Application, 2024

WHICH SESSIONS WOULD YOU LIKE TO ATTEND?

A June 2 – 8	Name of Adult(s):				
BJune 9 - 15 CJune 16 - 22 DJune 23 - 29 EJune 30- July 6 FJuly 7 - July 13 GJuly 14 - July 20 HJuly 21 - July 27 IJuly 28 - August 3 JAugust 4 - August 10	Address:				
	City:				
	State:	Zip:		Country:	
	Dad's Work#:		Mon	Mom's Work#:	
	Dad's Cell#:		Mon	Mom's Cell#:	
	Dad's Email:		Mom's Email:		
ARE CHILDREN AT CAMP? (Yes/N	lo)				
Child's Name:				Child's Age:	
Please circle session(s) of attendances	ABCDEF	G Н I Ј	19		
Child's Name:			19	Child's Age:	
Please circle session(s) of attendance	ABCDEF	GHII	5.7		

Summer Adult Volunteer:

Adults can have the time of their lives at The Vineyard too! During each week of summer camp up to ten adults may participate in our camp and assist by helping with driving, carpentry, cooking or housekeeping. Please let us know how you would like to help!

1.	First Choice
2.	Second Choice
3.	Third Choice

Insurance:

We do not provide medical coverage for accidents and illnesses. Volunteers must provide their own medical insurance.

The Vineyard wants to continue to make itself available to campers whose families cannot afford to send their child(ren) to the camp. We rely on the generosity of friends of the camp to provide scholarship funds for these campers. If we identify a camper who would otherwise not be able to attend camp, may we contact you about making a contribution to assist with their cost?

Yes, call me at the following number:

No

I have included \$

in my check (or credit card charge) to be used toward the scholarship.

Name

Signature

Date (mm/dd/yy)