

APFY Summer Camp 2018 Volunteer Registration

Name: _____ Nickname: _____

Gender: _____ Date of Birth: _____ Grade Level Last Completed: _____

Address: _____

Phone #: _____ Alt. Phone #: _____

What are some of your hobbies? _____

What age of children are you most comfortable with helping? _____

What days and times will you be available to volunteer for the program? _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone #: _____

Alt. Name: _____ Relationship: _____ Phone #: _____

The Aransas Pass for Youth Summer Camp will be taking several field trips throughout the 7 week program. If you plan to attend, **you are responsible for the cost to attend each field trip**. The following is a list of destinations the program has planned for this summer. Please let the executive director, Vickie Torres, know the Monday before the field trip if you will be able to attend.

Hurricane Alley: \$10

Coastal Bend Skates: \$5

Bowling : \$7

Aquatic Center: Free

Victoria Zoo: \$7

Rockport Beach: Free

Texas State Aquarium: \$12

Northwest Kids: \$6

Thank you so much for donating your time to help the children of our community experience a fun and safe summer. Aransas Pass for Youth greatly appreciates your help.

Volunteer Signature: _____ Date: _____

Parent Signature (If Volunteer is under age 18): _____ Date: _____

Executive Director Signature: _____ Date: _____