

Full Life Ahead Foundation of Hope

Volunteer Registration Form for Camp

Children's Harbor, AL

Camp Date: February 5-7, 2010

Name: _____

Address: _____

City, State, Zip: _____ County: _____

Home Phone: (__) _____ Cell Phone: (__) _____ Work: (__) _____

Email: _____

Age: _____ Gender: _____

I agree not to smoke on camp grounds: _____

Signature Required

Please answer the following:

Date: _____

Your interest in individuals who have a diSAbility: _____

Do you have a diSAbility? _____ Do you use a manual or power wheelchair? _____

Service provider or a teacher for individuals with diSAbilities? _____ Yes _____ No

Agency or school name: _____

Special Talents: _____

Past experience: _____

Areas of interest: _____ Children _____ Teens _____ Singles _____ Parents

_____ Lead Programs _____ Crafts _____ Outdoor Activities

_____ Kitchen Clean-Up _____ Serve Meals _____ Support Help

Please let us know if you will be eating the following meals on Friday and Sunday:

Dinner Friday _____ Breakfast Sunday _____ Lunch Sunday _____

Please fax or email completed registration form to:

[Andrea Rose - 866-700-2026](tel:866-700-2026)

AndreaRose@FullLifeAhead.org

For more information in general, call Judy Barclay at 205-222-1969 or Deidra Brown at 205-261-1235.

Registration deadline is January 25, 2010. To ensure adequate cabin space and meals, any forms received after this date will be considered on an as-needed basis.

For more information visit our website:

www.FullLifeAhead.org or call Lisa at 205-554-1333