

# Full Life Ahead Foundation of Hope

## *Volunteer Registration Form for Camp*

### **Children's Harbor, AL**

Camp Date: November 12-14, 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 \_\_\_\_\_

Please fax or email completed registration form to:

Andrea Rose - 866-700-2026

AndreaRose@FullLifeAhead.org

For more general information about Full Life Ahead,  
call Judy Barclay at 205-222-1969.

Registration deadline is Oct 18, 2010. To ensure adequate cabin space and meals, any forms received after this date will be considered on an as-needed basis. *THERE WILL BE A MANDATORY TRAINING PRIOR TO THE BEGINNING OF CAMP.*

For more information visit our website:

[www.FullLifeAhead.org](http://www.FullLifeAhead.org) or call Lisa Alford at 205-554-1333