

Full Life Ahead Foundation of Hope

Volunteer Registration Form for Camp

Children's Harbor, AL

Camp Date: November 13-15, 2009

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 email completed registration form to:

[Lisa Alford](#)

Lisa.Alford@rehab.alabama.gov

For more information in general, call Judy Barclay at 205-222-1969

For more information visit our website:

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