

Safe N' Treat

PARENT & CAMPER VOLUNTEER SIGN-UP SHEET

Saturday, October 27, 2007

Camper(s) Name: _____



Parent Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email: _____

Please check which ones apply to you:

- Donate Blood (See Attachment)
Please help Teen Approach children make a contribution to saving lives. We are asking that each family refer at least ONE person to donate.

- Kid's Fun (12:00 am – 3:00 pm/ 2 hour shifts)
Assist at the pumpkin painting area or with costume contest. Stuff Trick or Treat Bags.

Volunteer Name: _____ Time _____

Volunteer Name: _____ Time _____

- Clean up Crew (3:00 pm – 4:00 pm)

Volunteer Name: _____

Volunteer Name: _____

- Safety Aids (5:45 pm – 8:00 pm ~ Adults Only)
Help children cross street during evening Trick or Treating.

Volunteer Name: _____

Volunteer Name: _____

Thank you, in advance, for making this year's community service project a success!

Please call Teen Approach with any questions.