

Menno Haven Camp & Retreat Center

2007 Summer Medical Provider Information Form



Name: _____ Sex: M F T-Shirt Size: S M L XL XXL

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-mail: _____ Home Church: _____

Following are the dates for the camps this summer. Please mark all that apply.

_____ Yes! I am interested in volunteering for the following weeks:

June 17-22	Blue Jay Camp	Grades 4-6	_____
June 24-29	Trailblazer Camp	Grades 7-9	_____
July 8-13	Chipmunk Camp	Grades 5-7	_____
July 15-20	High School Camp	Grades 10-12	_____
July 22-27	Adventure Camp	Grades 7-9	_____
July 29-Aug. 1	Cottontail Camp	Grades 3-5	_____

_____ I am unable to volunteer for 2007, but please contact me next year.

_____ I know someone who would be good as a Medical Provider. Here is their contact information: _____

_____ Please remove me from the list.

Housing will be provided for you and your immediate family while you are a volunteer. Please let us know in advance who will be staying with you. Remember, if you volunteer for one week, one child can attend camp for half price; volunteer for two weeks and one child can attend camp for free!

Spouse: _____ Child: _____

Child: _____ Child: _____

Do you have a child who will be attending camp this year? Y N

Name: _____ Week attending: _____

Have you worked or volunteered in a camp setting before? If so, what camp?

Why are you interested in volunteering at Menno Haven?

Please return this form to:
 Menno Haven Camp & Retreat Center
 Attn: Jennifer Kaufmann
 9301 1575 East St
 Tiskilwa IL 61368