Return by MAY 20th to: Elaine Schiltz, Recreation Supervisor

Town of Aurora Parks & Recreation

300 Gleed Avenue, East Aurora, NY 14052

2019

TOWN OF AURORA PARKS & RECREATION

VOLUNTEER APPLICATION

EXCLUSIVELY LITTLE

NAME:		AGE:	DOB:
ADDRESS:	Last		
Street	CELL PHONE:	SCHOOL:	
PARENTS NAMES		EMERG PHON	Е
CONTACT PERSON	E-MAIL	ADDRESS	
	nteer at Exclusively Little Day Camp. Please check w		
	and for children age 4-6 a	t Warren Drive Park	_
Monday-Fr	riday 9:30-11:30 am		
	Session 1: JULY 8 – J		
	Session 2: JULY 15 –		
	Session 3: JULY 22 –		
	Session 4: JULY 29 –	AUGUST 2	
SESSION CHOIC	E:	SECOND CHOICE:	
Have you ever taken a B	abysitting Course?	_ Where?	
HONOR ALL REQUES'	VOLUNTEER OPPORTUI TS. You will be contacted i DATORY volunteer meeting	n June about session c	hoice and are
· ·	Aide Application, Day Car for those programs. Thank	* *	Sports Application
MEDICAL OR DEVELO	OPMENTAL INFO WE SH	OULD BE AWARE OF	7
responsibility or liability	ease the Town of Aurora ar in connection with this ac GNATURE	tivity.	taff from any
VOLEX19	MINIAI OIVII	PARENT/GUARDIA	 N