**Volunteer Registration Form**

Name

Address Zip

Phone Email

Birthdate Race Gender

Emergency Contact name and phone number

Serious Allergies and/or Health Concerns

Food Allergies

Anything else you think we need to know

Information on birthdate, race and gender is collected for grant reporting and background check purposes.

Thank you so much for volunteering with us. Please note that no smoking, vaping, alcohol, or other illicit drug use is permitted at camp.

For more information, please contact Gwen Botting, Executive DIrector at [gwen@oubmichigan.org](mailto:gwen@oubmichigan.org) or 616-755-2221.