

**2015 ST. FRANCIS SUMMER CLASSIC REGISTRATION FORM
VOLUNTEERS**

NAME _____ MALE FEMALE
ADDRESS _____

PHONE NUMBER FOR CONTACT _____

EMAIL ADDRESS FOR CONTACT _____

FIRST AID OR SECURITY EXPERIENCE

HAVE YOU COMPLETED DIOCESAN VIRTUS PROGRAM? Y/N

DAYS OF THE WEEK YOU ARE AVAILABLE

LIST ANY WEEKS YOU ARE NOT AVAILABLE DUE TO VACATION, ETC.

WE WILL CONTACT YOU IF WE HAVE AN OPPORTUNITY FOR YOU