

**2021 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**

**HAVE YOU BEEN VACCINATED FOR COVID-19?**

DAYS OF THE WEEK YOU ARE AVAILABLE

\_\_\_\_\_

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

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WE WILL CONTACT YOU IF WE HAVE AN OPPORTUNITY FOR YOU