

SARAH Inc. Recreation & Leisure Connections VOLUNTEER REGISTRATION FORM January & February 2012

NAME of Volunteer: _____ PHONE # _____

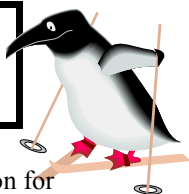
E-MAIL: _____

If you are interested in volunteering for any of the upcoming events, please check off the programs which you are interested in. For specific program information, please refer to calendar inserts located in this packet. After the program RSVP deadline, we will contact you if programs are full.

#	✓	Name of Program (s)	Confirmed (Office use only)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			



Please **Mail/Fax** or **Drop off** completed form to:
SARAH Inc., Recreation & Leisure Connections,
1 Commercial St., Branford, CT 06405
Phone: 203.315.9163, Fax: 203.315.9169



All new volunteers please contact Cindy at Recreation for information regarding volunteering

Please do not staple checks to the registration form, please use paper clips. Thank you.

Recreation & Leisure → REGISTRATION FORM Jan & Feb 2012

Service Participant: _____ PHONE # _____

Address: _____

E-mail Address: _____

Contact Person: _____ PHONE # _____

Living Arrangement
Please circle one:
TUXIS, SENECA
HOME, OTHER

Please make checks Payable to SARAH Inc. Please make sure checks are signed by participant or legal guardian. Please write the check number on registration form below.

The RSVP date for all activities is December 20th

#	Name of Program (Please specify which date if multiple dates)	Emergency Contact and phone # (if different from above)	Name of support staff or 1:1 & cell phone number	Check #	Fee \$
1				#	
2				#	
3				#	
4				#	
5				#	
6				#	
7				#	
8				#	

Total for Rec Activities	#	\$
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SARAH, Inc has my permission, both during and anytime after, to use the participants name, voice or words in either television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of SARAH, Inc.
Participant/Representative Initials _____

Please **Mail** or **Drop off** completed forms with full payment to:

SARAH Enrichment Center
Recreation & Leisure Connections
1 Commercial St. Branford CT 06405
Attn: Rec Dept.



FOR OFFICE USE ONLY:
Date Received: _____ Check# (s): _____ Total Amount Due: _____ Initials: _____