

# SARAH Inc. Recreation & Leisure Connections

## VOLUNTEER REGISTRATION FORM

### September & October 2010

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

### Recreation & Leisure → REGISTRATION FORM Sept. & Oct. 2010

Name: \_\_\_\_\_ PHONE # \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ PHONE # \_\_\_\_\_

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

**PLEASE NOTE:**

**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 August 20th**

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

<b>Total for Rec Activities</b>	#	\$
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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

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