

## Adult & Teen Volunteer Registration 2024 - 2025

Last Nam	Last Name			First Name				
Address:								
City:		State:	Ziţ	o:				
SPEC us	es the RE	MIND a	pp to s	end notific	ations by	texts or	<u>emails</u> .	
Please er	iter a text	number	or an e	mail (or bot	n).			
Text:								
Email:								
School At	ctending: _							
Name of	Parent/Gua	ardian (i	f a mino	or):				
Parent/Gua	ardian Phone	number (	in case of	emergency): _			<del></del>	
Circle on	e - Grade:	8	9-Fr	10-Soph	11-Jr	12-Sr	College	Adult
If you are 18 o environment preserved.								
Have you? Yes	No	)/	Any Que	estions?				
Do you have ar (describe)	•		· hobbie	s that you co	ould share	with us?		
Please return Phone: Linda				_			ʰ St. * Mol ⊉gmail.con	-

8<sup>th</sup> Graders, Please have a parent sign \_\_\_\_\_