

CAMP BUTTERFLY'S
Double-Dutch-a-FUND™
 DuSable Leadership Academy of the Betty Shabazz International Charter Schools
 May 5, 2007



Camp Butterfly's
Double-Dutch-a-FUND™
Saturday, May 5, 2007
DuSable Leadership Academy
of the Betty Shabazz International Charter
Schools

VOLUNTEER APPLICATION

PERSONAL INFORMATION (PLEASE PRINT)

Name _____

Address _____

City, State, Zip Code _____

Daytime Phone Number _____ Evening Phone Number _____

Fax Number _____ E-Mail _____

AREA(S) OF INTEREST:

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Sponsor Relations | <input type="checkbox"/> Vendor Relations |
| <input type="checkbox"/> Media & Entertainment | <input type="checkbox"/> Advertising & Promotions | <input type="checkbox"/> Audio Visuals |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Auction | <input type="checkbox"/> Registration |
| <input type="checkbox"/> Rope Turners & Officials | <input type="checkbox"/> Awards | <input type="checkbox"/> Security |
| <input type="checkbox"/> Set-up/Clean-up | <input type="checkbox"/> Transportation (Must have Valid Driver's License) | |

DESCRIBE ANY PREVIOUS VOLUNTEER and/or SPECIAL EVENTS EXPERIENCE

Please indicate the times in which you will be available.

May 4 – set up		11 a.m. – 1 p.m.	
May 5 – set up		1 p.m. – 3 p.m.	
7 a.m. – 9 a.m.		3 p.m. – 5 p.m.	
9 a.m. – 11 a.m.		5 p.m. – 7 p.m.	

Are you at least 18 years of age? YES NO If not, parent/guardian permission & signature are required.

As a volunteer of Camp Butterfly's Double-Dutch-a-FUND, I understand that I am not an employee and that I will not receive any compensation for the donation of my time and work performed for the event. I hereby acknowledge that my services shall be rendered solely on a volunteer basis. Furthermore, I understand that Camp Butterfly, DuSable Leadership Academy, Betty Shabazz International Charter Schools and the Double-Dutch-a-FUND does not cover me by any insurance such as worker's compensation, etc. in the event of illness or injury. I hereby certify that the information contained in this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

DO NOT WRITE IN THIS SPACE – FOR DOUBLE-DUTCH-A-FUND STAFF ONLY
ASGNMNT: _____
RMX: _____