

**LYNNE C. ISRAEL & ASSOCIATES, INC.
4400 JENIFER ST., NW SUITE 280
WASHINGTON DC 20015**

**SUMMER ADVENTURE PROGRAM
VOLUNTEER REGISTRATION FORM
2011**

Name: _____

Address: _____ Zip _____

Home phone: (____) _____ Cell phone: (____) _____

Email: _____

Please indicate below which weeks you are interested in volunteering. We prefer, if possible, a minimum two week commitment because the children need the continuity. You are, however, welcome to volunteer as many weeks as you like. Please remember that prior to your volunteer experience we ask that you attend the orientation session on Thursday, June 23rd from 9am-12 noon at the Jewish Primary Day School.

June 27-July 1	_____
July 5 - July 8	_____ (no camp on Monday July 4 th for Holiday)
July 11- July 15	_____
July 18- July 22	_____
July 25 - July 29	_____
August 1- August 5	_____

In the space below, please describe any previous volunteer or paid experience you have had with children including babysitting: _____
