## 2025 Buddha Gate Monastery Bodhi-Seed Summer Camp Volunteer Information Form

Thank you for volunteering your time to help with the Bodhi-Seed Summer Camp. Please provide us with the following information:			
Your first and last name:			
Dharma name (if applicable)	Male  Female	Date of Birth :( <i>d</i> ) /( <i>y</i> )	Age:
Mailing address:			
City and zip code			
Home phone		Work phone	
Cell phone		E-mail address	
If you have children participating in the Bodhi-Seed Summer Camp, please list their names.			
Camper's first and last name			
Camper's first and last name			
Camper's first and last name			
Camper's first and last name			
Please select the session(s) which you would volunteer			
1st Session: July 19th-20th, 8:30am to 3:00pm			
2 <sup>nd</sup> Session: July 26 <sup>th</sup> -27 <sup>th</sup> , 8:30am to 3:00pm			
Your area of interest: select as many as you wish, we will try to accommodate your request. If you have special skills and talents, please let us know.			
		Comments:	
Arts, crafts, designs, and decorations Assist with physical activities Assist in the classroom Coaching and counseling students Food and snack preparation Setup and clean-up Teach a subject or lead activities (please specify) Other:  Some of the volunteers may be asked to attend a meeting prior to the summer camp. Please check all the			
time slots when you are available so we can schedule the meeting at a time that best suits everyone.  Thank you again for your help!			
Check all that applies: 7/12 (Saturday) at 1:00-3:00pm			
	7/13 (Sunday) at 1:0	-	