

2012 CVRC VOLUNTEER FORM

Primary Contact Information

- Name: _____
- Phone: _____
- Email: _____

1. I would like to teach a class

Secondary Contact:

- Name: _____
- Phone: _____
- Email: _____

Secondary contact information must be listed in order to teach a class and generate a second registration number.

- Name of class: _____
- Class Description: _____

Proposed dates of class (please give a first and second choice)

Classes are offered Mondays through Thursday, June 11th to July 2th. No classes are offered Wednesday afternoons.

- Date One: _____ Date Two: _____

Time you would like to offer the class:

- 9:30-10:30 _____ 11:00-12:00 _____ 1:30-2:30 _____

Age group:

- 3-4 _____ 5-6 _____ 7-9 _____ 10+ _____

2. I volunteered for Swim team during the 2011 season and would like to volunteer to help again in 2012.

(Must have prior experience and/or approval)*

- Name: _____
- Phone: _____
- Email: _____

*For Questions regarding swim team volunteering policies, please contact the Swim Team Coordinator, Neil Markey at: neilmarkey@roadrunner.com

Please mail this completed form to the following address:

**CVRC/Volunteers
P.O. Box 84
East Washington Street
Chagrin Falls, OH 44022**

In order to receive your volunteer number for registration, this form must be received at the above address by **Friday, February 3rd.**

Numbers will be assigned on a first come first served basis.

Any questions regarding volunteering should be directed to the Volunteer Coordinator at; volunteers@chagrinrec.com

We look forward to see you in June!