Youth Volunteer Application

The Lakeside Chautauqua community members play a vital role in the quality of the Chautauqua program and experience. If interested in volunteering your time and talents, please complete this application and return it to communications@lakesideohio.com or 236 Walnut Avenue, Lakeside, OH 43440. We appreciate your support.

**Volunteer Contact Information**

Name: _____________________________________________________________

Lakeside Address (if applicable): _____________________________________

Address: ____________________________________________________________

City: __________________ State: __________ Zip: _________________

Email: _____________________________________________________________

Phone: __________________ Date of Birth: _____________________________

Physical Limitations/Special Needs: ___________________________________

**Chautauqua Summer Season Volunteer Opportunities**

Please indicate which seasonal opportunities (June-Sept.) you are interested in volunteering for:

- [ ] Lakesider Bundling
- [ ] Lakesider Distribution
- [ ] Rhein Center Artist/Instructor/Check-in
- [ ] Lakesider Photographer
- [ ] Rhein Center Photographer
- [ ] Project Pickup at Epworth Lodge
- [ ] Other: __________________

**Off-Season Volunteer Opportunities**

Lakeside Chautauqua also is in need of volunteers during the off-season (Sept.-May). Please indicate if you are interested in helping with the following events:

- [ ] Spring Cleanup Day (Apr.)
- [ ] Lighthouse Festival (Oct.)
- [ ] Other: __________________

**Reason for Volunteering**

Tell us why you would like to volunteer at Lakeside Chautauqua. Do you require community service hours?

______________________________________________________________
<table>
<thead>
<tr>
<th>Emergency Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: __________________________</td>
</tr>
<tr>
<td>Lakeside Address (if applicable): __________________________</td>
</tr>
<tr>
<td>Address: __________________________</td>
</tr>
<tr>
<td>City: __________________________ State: __________ Zip: __________</td>
</tr>
<tr>
<td>Phone: __________________________</td>
</tr>
<tr>
<td>Email: __________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Application Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Signature____________________ Date ____________</td>
</tr>
</tbody>
</table>

(Parent or Guardian must sign if participant is under the age of 18.)

Parent/Guardian Print Name________________________
