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| **Lifesaver Site Volunteers**  June 20, 2015 |

Team Captain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(The location of your Lifesaver Site will be assigned based on availability and your preference as the date nears)*

**Please complete this form in its entirety and return to the Child Abuse Council by June 1, 2015.**

**If you have more volunteers per shift please feel free to use additional space on the reverse side.**

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| **Shift Begins\***  *Shifts can be adjusted to meet your team needs if necessary. Please indicate shift changes below* | **Name**  *Required* | **Phone**  *Required* | **Address (Street, City, State, Zip)**  *Required* | **Email Address**  *Required* | **Shirt Size (Youth S-Adult 3XL)**  *Required* |
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