



Volunteer Tracking Sheet

Please fax, email or mail your completed tracking sheet to:
Camp Ondessonk, Attn: Linda Scruggs, 3760 Ondessonk Rd., Ozark, IL 62972
 Fax: 618-695-3593 Email: linda.scruggs@ondessonk.com

I volunteered for this DEPARTMENT:			(RE: Department)
<input type="checkbox"/>	Administration	<input type="checkbox"/>	IT
<input type="checkbox"/>	Development	<input type="checkbox"/>	Maintenance
<input type="checkbox"/>	Finance	<input type="checkbox"/>	Marketing
		<input type="checkbox"/>	Off Season
		<input type="checkbox"/>	Summer Camp
		<input type="checkbox"/>	Other: _____

Name: _____
 Address: _____
 City: _____
 ST: _____ ZIP: _____
 (H) Phone: _____
 Cell: _____
 Email: _____

The location I worked at was: (check all that apply)				(RE: Location)			
<input type="checkbox"/>	Amantacha	<input type="checkbox"/>	Daniel	<input type="checkbox"/>	Lalamant	<input type="checkbox"/>	Riflery
<input type="checkbox"/>	Aquatics Area	<input type="checkbox"/>	Development - Offsite	<input type="checkbox"/>	Lalande	<input type="checkbox"/>	Ropes/Zipline
<input type="checkbox"/>	Archery	<input type="checkbox"/>	Dining Hall	<input type="checkbox"/>	Marketing - Offsite	<input type="checkbox"/>	St. Noel
<input type="checkbox"/>	Bathhouse	<input type="checkbox"/>	Garnier	<input type="checkbox"/>	Office	<input type="checkbox"/>	Stables/Trail
<input type="checkbox"/>	Brebeuf	<input type="checkbox"/>	Goupil	<input type="checkbox"/>	Onsite: Multi-location	<input type="checkbox"/>	Tekakwitha
<input type="checkbox"/>	Chabanel	<input type="checkbox"/>	Handicrafts	<input type="checkbox"/>	Programming - Offsite	<input type="checkbox"/>	Trading Post
<input type="checkbox"/>	Chapel	<input type="checkbox"/>	Health Center	<input type="checkbox"/>	Raganeau	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Event/Location: _____			<input type="checkbox"/>	Residences		

() I would like my volunteer hours to be credited towards my Ondessonk Builders annual total

() I am volunteering for a full week of Summer Camp (40 hours)

My volunteer job was: (check all that apply)				(RE: Volunteer Type)			
<input type="checkbox"/>	Aquatics	<input type="checkbox"/>	Event Worker	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Riflery
<input type="checkbox"/>	Archery	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Nature	<input type="checkbox"/>	St. Noel
<input type="checkbox"/>	Dining Hall	<input type="checkbox"/>	Handicrafts	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Trading Post
<input type="checkbox"/>	Doctor	<input type="checkbox"/>	Health Center	<input type="checkbox"/>	Office	<input type="checkbox"/>	Unit Leader
<input type="checkbox"/>	Equestrian	<input type="checkbox"/>	IT	<input type="checkbox"/>	Preserv./Restoration	<input type="checkbox"/>	Other: _____

Notes: _____

Camp Staff Signature: _____ Date: _____ **TOTAL HOURS:** _____

You must have your tracking sheet verified signed by the Camp Staff member who supervised the activity