



**Trinity Episcopal Church**  
2400 N. Canal Street - Orange, CA - 92865  
(714) 637-1390

**Youth Volunteer Form**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

M / F: \_\_\_\_\_ Grade of school in Fall: \_\_\_\_\_

Street Address/City/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Parent Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact  
Name/Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Pick-up Persons: \_\_\_\_\_

Allergies or other  
medical conditions: \_\_\_\_\_

Home Church: \_\_\_\_\_

*Thank you for Volunteering!*