



**Summer 2017 - Camp Dakota
Responsibility Form** (2 pages)
(deadline April 20, 2017)

Please Include with Camp Application Form

Parker Autism Foundation is a volunteer based organization we rely on every ones help to insure that we may continue serving are families. We require each family to complete volunteer hours for scholarships they receive. It is up to the families to contact the foundation to find out what they can do to complete the required hours.

For every \$100 in scholarship fund we require 1 volunteer hour. Please note that ALL Volunteer Hours for the 2017 Summer Camp are required to be completed by April 1, 2018

Example: a \$400 scholarship will require your family to complete 4 volunteer hours.

Name of child: _____ Phone: _____

Address: _____

Parents Names: _____

E-mail Address: _____

I agree to complete the required volunteer hours for my child's camp scholarship(s), by the required deadline. I understand not fulfilling the required volunteer hours will mean that my child will not qualify for any future scholarship funding. I am responsible for confirming with The Parker Autism Foundation (prior to April 1, 2018) that I have completed my required volunteer commitment.

Signature

Date



Name of child: _____

2014 Camp Volunteer Hours Form. **For Office Use Only** Date received: _____

Application completed correctly:	YES	NO
Camp Registration Confirmed:	YES	NO
Responsibility Form Completed:	YES	NO
Scholarship approved:	YES	NO
Tier Level of Scholarship:	1 2 3 4	

If child received scholarship last year did family fulfill scholarship Volunteer hours on time:

Yes No

Approved: _____ Not Approved: _____

Weeks Approved for: 1 2 3 4 5 6

Total Amount Approved for: \$ _____

Amount of volunteer hours required to complete by April 1, 2018 _____

Approving Board members Signature: _____