

# SERVICE LEARNING PROJECT

## *'Walking in my Shoes'* Camp for Children with Disabilities



**YES!** I would like to volunteer at future *Walking in My Shoes* camps.  
Please indicate the type of help you are able to offer:

Medical Staff (Nurse/doctor)  
Companion (aged 16-19yrs)

Settler (coming in for 2 hours at night to put the kids to bed)  
General volunteer

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation/skills: \_\_\_\_\_

Please indicate your availability:

Mornings          Daytime          Evenings          Full Days  
Youth Off The Streets, P O Box 8 Merrylands NSW 2160  
Ph (02) 8332 5000 Fax (02) 8332 5050  
[www.youthoffthestreets.com.au](http://www.youthoffthestreets.com.au)