



ST. KEVIN SUMMER CAMP VOLUNTEER APPLICATION FORM

- CONTACT INFORMATION

FULL NAME: _____

BIRTHDATE/AGE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

SCHOOL YOU ATTEND: _____

GRADE: _____

- VOLUNTEER PREFERENCES

PLEASE CHECK OFF THE WEEKS YOU ARE INTERESTED IN VOLUNTEERING:

<input type="checkbox"/> JUNE 8 - JUNE 12	<input type="checkbox"/> JUNE 29- JULY 3
<input type="checkbox"/> JUNE 15- JUNE 19	<input type="checkbox"/> JULY 6- JULY 10
<input type="checkbox"/> JUNE 22-JUNE 26	<input type="checkbox"/> JULY 13- JULY 17

- SKILLS & TALENTS

PLEASE LIST ANY SKILLS, OR SPECIAL TALENTS YOU WOULD LIKE TO SHARE:

All volunteers will be required to purchase a volunteer shirt. This shirt must be worn daily. The cost of the shirt is \$10 and can be purchased through the camp office.

All volunteers must be cleared through our fingerprint clearance. Fingerprint forms will be sent to you once we have received your volunteer application. You may not volunteer unless you have been cleared.

I understand that volunteering is a commitment of time and effort. I agree to follow the guidelines set by the organization and to carry out my role with respect and responsibility.

Signature _____ Date: _____