

Loyalist Summer Camp Volunteer Form

Please return completed form by Friday, June 15, 2018 in person or email

Applicant Information

Name: _____ Date: _____
First Last

Address: _____
Number Street Apt No., PO. Box, Unit No.

_____ City/ Town Postal Code

School: _____ Grade: _____ Email: _____

Phone: _____ (Res.) _____ (Cell)

Emergency Contact: _____ Relationship: _____
First Last

Phone: (Cell): _____ (Work) _____

Volunteer Information

Volunteer Involvement: (Have you volunteered before? If Yes, please list the organization and your position).

Agency/ Organization	Volunteer Position
_____	_____
_____	_____
_____	_____

Volunteer Position: Summer Camp Volunteer

Location: Amherstview Community Hall/Leisure & Activity Centre Amherstview

Details: We swim, go on field trips and have special events planned throughout the summer

Date/Hrs.: 9 weeks, Mon-Fri, July 3- Aug 31, 2018 - 9am-4pm (35 hours/week)

What experience do you hope to gain through this volunteer position?

Skills, Qualifications & Special Interests:

(Please provide information on your background relevant to the volunteer position)

1. _____
2. _____
3. _____

Time Availability:

(Please indicate all the weeks and times when you are available to volunteer)

	WEEK	HOURS: (camp hours are 9am-4pm)	
<input type="checkbox"/>	1. July 3-6	Start: _____	End: _____
<input type="checkbox"/>	2. July 9-13	Start: _____	End: _____
<input type="checkbox"/>	3. July 16-20	Start: _____	End: _____
<input type="checkbox"/>	4. July 23-27	Start: _____	End: _____
<input type="checkbox"/>	5. July 30-Aug 4	Start: _____	End: _____
<input type="checkbox"/>	6. August 7-10	Start: _____	End: _____
<input type="checkbox"/>	7. August 13-17	Start: _____	End: _____
<input type="checkbox"/>	8. August 20-24	Start: _____	End: _____
<input type="checkbox"/>	9. August 27-31	Start: _____	End: _____

Please specify on back of sheet if available for specific days only, which day of the week, week number and hours.

What can you Expect:

- To be contacted to discuss volunteer opportunities
- To receive orientation & training, if selected to volunteer
- Training takes place the last week of June – hours to be determined

Police Checks and other background checks maybe required for designated positions. Please email to receive your letter that must be taken with you to the police station.

Signature (of applicant)

Date

Signature (of Guardian)

Date

If under 18 years old, Parent/Guardian Signature is required

Return this Application to:

Loyalist Township Recreation Department
Attn: Recreation Program Coordinator, Susan McNeill
smcneill@loyalist.ca T. 613-634-5355 x303

Thank-you!