

KNOX KIDS' CAMP-2018

YOUTH VOLUNTEER APPLICATION FORM

Please note:

1. Knox Kids Camp volunteers will have completed grade 7 in June 2018.
2. Volunteers are responsible to the Camp and Program Directors. It is up to the Directors to assign dates and times when volunteers are needed and to determine tasks for volunteers.
3. Volunteers will be youth who have not been on staff before. We are hoping this opportunity will act more as a training/mentorship program for youth who may be interested in working at Camp in future years.

Name: _____

Parents' names: _____

Address: _____

Phone #: _____ E-mail: _____

Birthdate: _____ Home Church (if applicable): _____

Please give the name of your teacher, principal, Sunday school teacher, youth leader or minister:

_____ Phone # for this person: _____

Why would you like to volunteer for Knox Kids Camp?

What do you like about helping children and other people?

What personal abilities and strengths do you bring to Camp?

Camp will run from Monday-Friday from July 9th-August 24th from 9:00-3:30 daily.

Dates and times I am unavailable this summer: _____

Thank you for wanting to volunteer with us!

Our Camp Director will be in touch with you by June.

I approve of my child serving as a volunteer at Knox Kids Camp 2018.

I recognize that my child will be supervised during Camp time by and will be responsible to the Camp Directors. My child's time volunteering with Camp is dependent on his/her ability to show respect for the Camp's leadership and goals and to contribute positively to building a safe and welcoming environment for our campers and leaders.

Parent signature: _____ Date: _____