## KNOX KIDS' CAMP-2024 YOUTH VOLUNTEER APPLICATION FORM

## Please note:

<ol> <li>Volunteers are resp are needed and to det</li> <li>Volunteers will be y</li> </ol>	ermine tasks for volunteers.	ctors. It is up to the Directors to assign dates and times when volunteers re. We are hoping this opportunity will act more as a
Volunteer's Name:		Birthdate:
Parents'/Guardians' n	ames:	
Address:		
Phone #:	E-mail:	Home Church (if applicable):
Please give the name	of your teacher, Sunday school/ youth	leader, or minister (a reference):
Phone # for this perso	n: E	mail for this person:
Why would you like to	o volunteer for Knox Kids Camp?	
What do you like abou	ut helping children and other people?	
What personal abilitie	s and strengths do you bring to Camp?	
	onday-Friday from July 8 <sup>th</sup> -August 23 <sup>rd</sup> unavailable this summer:	from 8:30am-4:00pm daily.

## Thank you for wanting to volunteer with us!

Our Camp Director will be in touch with you soon.

I approve of my child serving as a volunteer at Knox Kids Camp 2024. 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 the campers and leaders.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_