



YOUTH

VOLUNTEER FORM August 9-13, 9:00am-3pm

FUN IN THE SON DAY CAMP

Please complete and return this application to
the Christian Education Office

Name: _____ M F

Address: _____ Zip: _____

Phone: _____ Email: _____

T-Shirt Size (please circle one) S M L XL

On the line below, please indicate your preferred age group and volunteer area,
using 1 as your first choice, 2 as your second, and 3 as your third choice.

_____ Bible Time _____ Early Elementary _____ Upper Elementary
_____ Recreation _____ Crafts _____ Movie Time

Please answer the following questions:

1. What are your strengths and weaknesses? _____
2. How will you benefit from volunteering at Day Camp? _____
3. If you have volunteered here before, where? _____
4. Will you commit to being here every day: ___ 8:30am-3:30pm ___ 8:30am-12:30pm ___ 12:30pm-3:30pm
4. Will you commit to NOT using your cell phone during these hours? _____

Signature _____ Date: _____ Do you need service hours? Y N