

Volunteer Application Form – Summer Camp 2018

Item	Fill In the Area Below
First Name:	
Last Name:	
Address:	
Home Phone:	
Alternate Phone:	
Email Address:	
Date of Birth:	
Gender:	
Parent/Guardian Name:	

Please indicate your top choices for dates and fill in your preferred camp. We will make every attempt to accommodate your choice.

Please note this application does not guarantee a volunteer position. A limited number of volunteer positions are available each week and priority goes to the volunteers that are part of the Leadership Camp this summer and in the past.

Camp Week	Camp Location	Camp Name (Specialty or Quest)	Rate Your Top 3 Choices
July 3-6			
July 9-13			
July 16-20			
July 23-27			
July 30-Aug 3			
Aug 7-10			
Aug 13-17			
Aug 20-24			
Aug 27-31 (Hockey Camp)			

Please indicate which age group or camp you prefer to volunteer with:

- Ages 5-7
 Ages 7-10
 Ages 9-12

Item	Fill In the Area Below
Please describe some of your interest, likes, and hobbies:	
Why are you interested in volunteering with Springwater Township's Day Camps:	
Do you have any prior volunteer or camp experience (Please explain):	

Item	Fill In the Area Below									
Have you taken a LIT/CIT or Leadership Course?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
Have you taken Springwater Township's Leadership Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
Do you have a First Aid Certificate and CPR?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
Do you have the following levels:	<table> <tr> <td>Bronze Cross</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Nation Lifeguard Cert.</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Swim Instructor Cert.</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	Bronze Cross	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nation Lifeguard Cert.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Swim Instructor Cert.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Nation Lifeguard Cert.	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Swim Instructor Cert.	<input type="checkbox"/> Yes	<input type="checkbox"/> No								

Please email all volunteer applications to briana.dean@springwater.ca

Signature of Volunteer Applicant

Date

Your personal information is being collected under the authority of the Municipal Act under section 8(1). Your personal information is necessary for the safety and well-being of the participant. The use of your personal information will be restricted to the purposes described or for any consistent purpose. If you have any questions please contact the Clerk of the Township of Springwater, 2231 Nursery Rd., Minesing, ON, L9X 1A8, (705) 728-4784.