

Volunteer Application Form – Summer Camp 2018

First Name:	Last Name:
Address:	
Home Phone:	
Alternate Phone:	
Email Address:	
Date of Birth:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
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 a part of the Leadership Camp this summer and in the past.

Camp Week	Camp Location	Camp Name (Speciality 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 20--24			

Please indicate which age group or camp you prefer to volunteer with	
Ages 5-7 <input type="checkbox"/>	Ages 7-10 <input type="checkbox"/>
Ages 9-12 <input type="checkbox"/>	

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): _____

	Yes	No
Have you taken a LIT/CIT or Leadership Course		
Have you taken Springwater Township's Leadership Training		
Do you have a First Aid Certificate and CPR		
Do you have the following swimming levels:		
Bronze Cross		
Nation Lifeguard Cert.		
Swim Instructor Cert.		

Please email all volunteer application to Briana.dean@springwater.ca

Signature: _____ Date: _____
(Volunteer Applicant)

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 for the Township of Springwater, 2231 Nursery Rd., Minesing, ON, L9X 1A8, (705) 728-4784.