



2019 Summer Camp Volunteer Application

Thank you for your interest in becoming a camp counselor this summer! Please fill in the application to the best of your knowledge. You will need two reference forms to accompany this application.

Applicant Information

Applicant Name: _____

Address: _____

Applicant Mobile Number (if applicable): _____

Birthdate: _____ 2018-19 Grade: _____

Check each camp you are interested in volunteering:

STEAM Camp (June 3 - 7)

THEATER Camp (August 5 - 9)

ART Camp (June 17 - 21)

STEAM Camp (August 12 - 16)

MUSIC Camp (June 24 - 28)

DANCE Camp (August 19 - 23)

Do you hold any leadership positions in your community, church, school, etc? Please list the titles of each role and its organization:

Have you ever worked with children before? Yes (# of years____) No

If yes, please describe your experience: _____

Please list any skills that would help you as a Camp Counselor: _____

I have completed this application to the best of my knowledge.

Applicant Signature: _____ Date: _____

Please have your parent or guardian fill out the information on the back of this form.



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Parent/Guardian Information

Guardian Name: _____

Guardian Phone Number: _____

Guardian Email: _____

_____(initial) I agree to drop off my counselor each day by 8:15am & pick up by 4:45pm

I have reviewed this application and certify all information to be correct.

Guardian Signature: _____ Date: _____

Recommendation Instructions:

You will need **2** Recommendation Forms to accompany your application. Fill out your name at the top and give to two people who are providing your recommendation. Forms may be completed by any two non-relatives who are a: School counselor, homeroom teacher, subject teacher, principal, vice principal, coach, troop leader, employer, minister, or other professionals.

Questions? Email: gavin.harper@suffolkcenter.org or call 757-923-0003 ext 103



VOLUNTEER RECOMMENDATION

CONFIDENTIAL

Volunteer Applicant's Name: _____

The person named above has applied for a volunteer position with the Suffolk Center for Cultural Arts. SCCA offers students volunteer opportunities to work closely with children ages 6 to 13 as a Camp Counselor. It will help us a great deal if you would carefully answer the following questions to the best of your knowledge **and return this form to the applicant in a sealed and initialed envelope** as soon as possible.

Name: _____ Title: _____

Organization: _____ Phone number: _____

Relationship to applicant: _____

How long have you known the applicant: _____

1. How does the applicant generally get along with others?
 Very Well Well Average Little Very Little
2. Have you observed the applicant interact with children? Yes No
 If yes, how would you characterize his/her ability to interact with them? **(Check all that apply)**
 Friendly Engaging Impatient Inconsistent Dependable
 Creative Caring Well-liked Flexible Understanding

Please check the appropriate box for each category:

	Poor	Fair	Good	Excellent	Unknown
Attendance/Punctuality	<input type="checkbox"/>				
Dependability	<input type="checkbox"/>				
Personal Appearance	<input type="checkbox"/>				
Responsibility	<input type="checkbox"/>				
Integrity/Honesty	<input type="checkbox"/>				
Grades	<input type="checkbox"/>				
Commitment	<input type="checkbox"/>				

Please check one:

- I would strongly recommend this applicant for volunteer work.
- I would recommend this applicant for volunteer work.
- I would recommend this applicant with reservations
- I would not recommend this applicant

Signature: _____ Date: _____



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