



# Suffolk Center for Cultural Arts

## 2024 Summer Camp Volunteer Application

**Application Deadline June 4, 2024**

Thank you for your interest in becoming a Suffolk Center 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.

### Application Information

Applicant's name: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant Mobile Number (if applicable): \_\_\_\_\_

Check each camp you are interested in volunteering (you may pick more than one):

\_\_\_\_\_ Art Camp (June 17 - 21)

\_\_\_\_\_ Theater Camp (August 5 - 9)

\_\_\_\_\_ Story & Movement Camp (June 24 - 28)

\_\_\_\_\_ STEAM Camp (August 12 - 16)

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 (If yes, # of years \_\_\_\_\_) \_\_\_\_\_ No

If yes, please describe your experience (s):

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Please have your parent or guardian fill out the information requested at the top of the next page.**



## Suffolk Center for Cultural Arts 2024 Summer Camp Volunteer Application

Name of Parent or Guardian: \_\_\_\_\_

Phone Number of Parent or Guardian: \_\_\_\_\_

Email Address of Parent or Guardian: \_\_\_\_\_

\_\_\_\_\_(initial) I agree to drop off my Camp Counselor each day by 8:15 AM & pick him/her up by 3:45 PM.

**PLEASE NOTE:** All Camp Volunteers, 18 years of age or older, will have to undergo a Security Background Check. If you are 18 years of age or older, please complete the AUTHORIZATION TO RELEASE INFORMATION found at the end of this Application. If you are 18 years of age or older and do not submit the AUTHORIZATION TO RELEASE INFORMATION along with this Application, your Application will not be considered.

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

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### Recommendation Instructions:

#### Application Deadline June 2, 2024

Please complete this application and return to the application in time for him/her to submit with their application.

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:** [ishta.hurtado@suffolkcenter.org](mailto:ishta.hurtado@suffolkcenter.org) or **Call:** 757-923-0003 Ext. 107



# Suffolk Center for Cultural Arts

## 2024 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 or email this form to Ishta Hurtado, Education and Community Outreach Manager, at [ishta.hurtado@suffolkcenter.org](mailto:ishta.hurtado@suffolkcenter.org).

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship to 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

\_\_\_\_\_ Friendly    \_\_\_\_\_ Engaging    \_\_\_\_\_ Impatient    \_\_\_\_\_ Inconsistent    \_\_\_\_\_ Dependable

\_\_\_\_\_ Creative    \_\_\_\_\_ Caring    \_\_\_\_\_ Well-liked    \_\_\_\_\_ Flexible    \_\_\_\_\_ Understanding

3. Please check the appropriate box for each category:

	Poor	Fair	Good	Excellent	Unknown
Attendance/Punctuality					
Dependability					
Personal Appearance					
Responsibility					
Integrity/Honesty					
Grades					
Commitment					

4. 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