



## 2023 Summer Camp Volunteer Application

**Application Deadline May 1, 2023**

*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.

### Applicant Information

Applicant Name: \_\_\_\_\_

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

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

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

<input type="checkbox"/> ART Camp	June 19 – 23, 2023
<input type="checkbox"/> S.T.E.A.M. Camp	June 26 – 30, 2023
<input type="checkbox"/> MUSIC Camp	July 31 – August 4, 2023
<input type="checkbox"/> THEATER Camp	August 7 – 11, 2023
<input type="checkbox"/> Student Exhibition Volunteer	July 5 – 28, 2023 (Individual days will be scheduled based on your availability.)

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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please use this space to share anything else you think would be significant to your application.

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

**NOTICE: Adults submitting this application only need to complete page one, and the Authorization to Release Information. If you have volunteered at the Suffolk Center for Cultural Arts at any time, you only need to complete page one.**

**This section left blank intentionally.**



## 2023 Summer Camp Volunteer Application

### Parent/Guardian Information

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 8:00am & pick him/her up by 4:45pm.

**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 is May 1, 2023 for All 2023 Camps!**

**Please complete this application and return to the applicant in time for him/her to submit with their application. Please do not mail or email this recommendation.**

High school students submitting this application need **2 Recommendation Forms** to accompany their 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.

Please direct all questions to:

**Rick Byrd, Creative Director**

**Email:** rick.byrd@suffolkcenter.org or **Call:** 757-923-0003 Ext. 107

## **VOLUNTEER RECOMMENDATION (CONFIDENTIAL) Application Deadline May 1, 2023**

Volunteer Applicant's Name:	
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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 children? *(Please check all that apply)*

\_\_\_ 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity/Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_

Please PRINT YOUR NAME: \_\_\_\_\_

Position: \_\_\_\_\_ School or Other: \_\_\_\_\_

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



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

Relationship to applicant: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

3. How does the applicant generally get along with others?  
\_\_\_ Very Well \_\_\_ Well \_\_\_ Average \_\_\_ Little \_\_\_ Very Little

4. Have you observed the applicant interact with children?  Yes  No  
If yes, how would you characterize his/her ability to interact with children? *(Please check all that apply)*  
\_\_\_ 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity/Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_

Please PRINT YOUR NAME: \_\_\_\_\_

Position: \_\_\_\_\_ School or Other: \_\_\_\_\_

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



**AUTHORIZATION TO RELEASE INFORMATION**  
**To be completed only if applicant is over the age of 18 years.**

I, \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME/INITIAL

Current Address, City, State, Zip Code Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code) Dates of Residence:

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

Date of Birth Other Names Used (including maiden name) Years Used

Social Security Number Driver's License # State Phone Number

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **ADP Selection and Screening Services** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **ADP Selection and Screening Services** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **ADP Selection and Screening Services** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

\*\*I hereby do \_\_\_do not\_\_\_\_\_ authorize you to contact *my current* employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

PRINTED NAME SIGNATURE DATE

**CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY:** If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.