

Willow Creek Kids Summer Day Camp
2017 Volunteer Application
 (*must be in Grade 7 or older)

Name _____ Birth Date D____M____Y____
 Address _____ P.C _____
 Telephone _____ Cell _____
 Present Grade in School _____ Email _____

Do you have any of the following Certifications/ Qualifications? : Speak fluent French? _____
 LifeGuard ___ CPR ___ (Expiry date)_____ Swimming ___ (indicate level)_____
 Other _____

Do you have experience in: drama ___ playing in a band ___ instrument _____ singing ___

Do you have any health problems that the Director should be aware of that would limit your involvement in camp activities? Yes ___ No ___ if Yes, Please explain _____

Would you like to use your volunteer hours for Community Service hours for school? yes ___ no ___

Volunteer hours are generally 9-noon and we are unable to have unsupervised volunteers on-site in the afternoons. Understanding this, are you able to arrange your own transportation to/from camp within these hours? Yes ___ No ___

While we can't guarantee weeks at this point, please indicate which camps you are available for:

Availability	Camp Date	Camp Name
	July 10-14	Adventure 1
	July 17-21	Adventure 2
	August 14-18	Escapade 1
	August 21-25	Escapade 2

As a Christian Day Camp, we expect our leaders to lead by example. Tell us a little about yourself!

What do you know about God? _____

Do you attend church? _____ If yes, what church do you attend _____ and is your attendance : Regular _____ Somewhat regular _____ Not often _____

How are you involved in your church? _____

Tell us something about the bible that is important to you _____

Experience

Have you worked/ volunteered at Willow Creek Day Camp before? Yes/ No When? _____

What other camp or child-care experience have you had? _____

Anything else we should know about you? _____

References....Please list 3 people who we can contact for a personal reference.
(Please ask permission from them ahead of time) ...friends/ employers, etc... not relatives

Name	How you know them	Phone	Email

NOTE: As per the Willow Creek Child Worker & Protection policy, all applicants over the age of 16 must be screened, which includes a police screening. (form will be provided by Willow to you, at no charge - please wait for further instructions before completing the police screening.)

Volunteer Signature _____ Date _____

Parent/ Guardian Name _____

(for volunteers under 16 years of age)

Parent/Guardian Signature _____

**Submit to: Director,
Willow Creek Day Camp
2387 Gill Rd, Midhurst, ON L9X 0L2
director@willowcreekdaycamp.com**