



Outdoor Adventure Day Camp 2023 Volunteer Application Form

Full Name (First Middle Last) _____

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|----------------------------------|
| Completed by Office Only: |
| Team/Age Level: _____ |
| Dates Volunteered: |
| _____ |
| _____ |
| _____ |
| _____ |

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|---|
| Home Contact Info: |
| Street Address _____ |
| City, State, Zip _____ |
| Home Phone # _(_____)_____ |
| Cell Phone # ___(_____)_____ |
| Email Address _____ |
| We prefer to communicate with everyone via email. |

Are you currently a student? Yes No If yes, what grade will you attend in Fall 2023? _____

School: _____

Are you currently employed? Yes No If yes, where? _____

Address: _____ Phone: _(_____)_____

Volunteer Opportunities are weekly and daily. What is your availability?

Week: Which Session(s) of camp are you available?

- | | |
|--|--|
| <input type="checkbox"/> Session 1: June 7-9, 8:30-11:30 AM 3-4 year olds | <input type="checkbox"/> Session 6: July 17-21, 8:30 AM-3:30 PM 5-12 year olds |
| <input type="checkbox"/> Session 2: June 12-16, 8:30-11:30 AM 4-5 year olds | <input type="checkbox"/> Session 7: July 24-28, 8:30 AM-3:30 PM 5-12 year olds |
| <input type="checkbox"/> Session 3: June 26-30, 8:30-11:30 AM 6-10 year olds | <input type="checkbox"/> Session 8: July 31-August 4, 8:30 AM-11:30 AM 4-6 year olds |
| <input type="checkbox"/> Session 4: July 5-7, 8:30 AM -3:30 PM 5-12 year olds | <input type="checkbox"/> Session 9: August 7-11, 8:30 AM-11:30 AM 3-4 year olds |
| <input type="checkbox"/> Session 5: July 10-14, 8:30 AM-3:30 PM 5-12 year olds | |

Day: Which day(s) of camp are you available? _____

What dates and times during the week will you be volunteering? _____

Which age level(s) do you prefer working with? Years; 3 4 5 6 7 8 9 10 11 12

Describe any previous experience that you have had working as a volunteer, camp counselor or teaching children. Specify ages.

Why do you want to be an Outdoor Adventure Day Camp Volunteer?

Do you have any special talents that would benefit camp?

Do you have any special needs that we need to accommodate? If so, please list.

Do you have any allergies or any other medical condition we should be aware of? If so, please describe below and list medications you are taking.

| | | |
|--|-----|----|
| May we contact you for other volunteer opportunities at Dahlem? | Yes | No |
| What areas of volunteer work are you interested in doing for Dahlem? Events/Festivals, School Programs, Stewardship, Other? Please list or describe. | | |

All camp staff and volunteers must submit their Driver's License or State ID in order for us to run background checks. Under aged volunteers require parent/guardian consent to apply. *I certify that all of the information in this application is true to the best of my knowledge. Falsification of information can result in dismissal from camp.*

Signature _____ **Date** _____

Parent/Guardian Signature _____ Date _____

Thank you for your interest and commitment to volunteer at Dahlem Conservancy's Outdoor Adventure Day Camp. We will be in contact with you to set up an interview soon.

Please return completed Volunteer Application form to:
Carrie Benham, Naturalist Educator and Camp Director
Dahlem Conservancy
7117 S. Jackson Rd., Jackson, MI 49201
Phone (517) 782-3453 ext. 106 Fax (517) 782-3441
Email: cbenham@dahlemcenter.org
www.dahlemcenter.org