

Outdoor Adventure Day Camp 2024

 Volunteer Application Form

 **Full Name (First Middle Last)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Are you currently a student? Yes No If yes, what grade will you attend in Fall 202? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Are you currently employed? Yes No If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Contact Info:**

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # \_(\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone # \_\_(\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

We prefer to communicate with everyone via email.

 **Completed by Office Only**:

Team/Age Level: \_\_\_\_\_\_\_\_\_

Dates Volunteered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

 Session 1: June 3-7, 8:30-11:30 AM 3-4 year olds Session 6: July 15-19, 8:30 AM-3:30 PM 5-12 year olds

 Session 2: June 10-14, 8:30-11:30 AM 4-5 year olds Session 7: July 22-26, 8:30 AM-3:30 PM 5-12 year olds

 Session 3: June 24-28, 8:30-11:30 AM 6-10 year olds Session 8: July 29-August 2, 8:30 AM-11:30 AM 4-6 year olds

 Session 4: July 1-3, 8:30 AM -3:30 PM 5-12 year olds Session 9: August 5-9, 8:30 AM-11:30 AM 3-4 year olds

 Session 5: July 8-12, 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.

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**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

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.

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.

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