

2007

VOLUNTEER APPLICATION SUMMER CAMP COUNSELOR



Personal Data

Date: _____ Age: _____

Name (last, first, middle): _____

E-mail address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Other Phone: () _____

Hobbies, Special Talents: _____

Grade in School as of 9/07: _____ If out of school, list degree: _____

Personal Reference*: List contact's name and phone number _____
(*required for first time applicants)

Dates & times available to volunteer between June 18 - August 10 2007: _____

Have you volunteered here before for summer camp? _____

If there are any camp offerings that interest you, and it suits your schedule, please call us for more information. We would love to have you share your talent as a volunteer!

Please return this application as soon as possible.

Artfully Yours,

**Brooke Sides
Program Director
(336) 629-0399
bsides@asheboro.com**

Please mail to: Randolph Arts Guild, PO Box 1033, Asheboro, NC 27204-1033