**Summer Camp Counselor Volunteer Application**

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| Name (Last, First, Middle): | | |  | | | | | | | | Age: |  |
|  | | | If under the age of 18, adult/guardian MUST sign form at the bottom.) | | | | | | | | | |
| E-mail Address: |  | | | | | | | | | | | |
| Street Address |  | | | | | | | Apt/Unit#: | |  | | |
| State: |  | | | | | | | Zip: |  | | | |
| Home Phone:  (With area code) | |  | | | | | Other Phone:  (with area code) | |  | | | |
| Hobbies, Special Talents: | | | |  | | | | | | | | |
| Last Grade in School Completed: | | | | |  | And/or, List Degree(s) earned: | | | | |  | |
| Favorite fruit: | | | |  | | | | | | | | |

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| Personal References: Required for first time applicants. List contact’s name and phone number. Please list up to three references. |
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| Dates & times available to volunteer (Camp weeks are June 19-23, 2017 & July 17 - 21, 2017: 9:00 am - 3:30 pm) |
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| Camp(s) and Instructor(s) you would like to work with: | | | | |
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| Signature of Applicant |  | | Date: |  |
| Signature of Parent/Guardian if applicable: | |  | Date: |  |

Please return this completed application as soon as possible to SUMMER CAMP! c/o The Randolph Arts Guild, PO Box 1033, Asheboro, NC 27204-1033 or email to [programassistant@randolphartsguild.com](mailto:programassistant@randolphartsguild.com).

**Volunteer assignment will be made no sooner than June 1, 2017. The deadline to apply for a volunteer position is June 12, 2017 by 5 pm.**