

# CAMP ROCK LEADERS & TRAINING VOLUNTEER APPLICATION 1607 Cromwell Bridge Rd. Baltimore, MD 21234 Phone: 410-665-7461

Applying for a volunteer position with Camp Rock (CR) does not ensure acceptance into our program. All candidates must have a recommendation completed by their Pastor. By completing this application, you are confirming that you are ready, willing, and available to volunteer the duration of the summer should you be given an offer to volunteer from Camp Rock.

## **APPLICANT'S CONTACT INFORMATION**

Name:	Gender:	Age:
Volunteer's Cell Phone:	Email:	
Parent's Name:	Parent's Phon	e:
Parent's E-mail:		
Home Address:		
City:		
ACADEMIC BACKGROUND		
Highest Level of Education: 5 <sup>th.</sup> 6	th 7 <sup>th</sup> 8 <sup>th</sup> 9 <sup>th</sup>	10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>
Name of School:	Date	of Graduation:
Certifications Received:		
Name of School Last Attended:		GPA:
Talents, Hobbies, Clubs:		
FAMILY HISTORY		
Emergency Contact:	Relationship:	Phone:
Would Your Family have any opposition	n to you volunteering	at Camp Rock? Yes No



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When Are You Available (Circle)? Mon. Tues. Wed. Thurs. Fri.

What Times Are You Available? \_\_\_\_\_

## What Roles & Responsibilities Would You Like to Have (Check All That Apply)?

- □ Culinary Arts/Kitchen Assistant
- □ Logistics/Camper Activities
- □ Pre-School Assistant
- □ Specialty Class Instruction
- Snowball / Ice Cream Stand
- Snack Shack

## How Will You Positively Contribute to the Camp?

How Will You Handle Concerns with Campers, Peers, and Staff?

## PERSONAL REFERENCES (Not family)

Person's Name	Relationship	Phone Number	E-mail Address

\_\_\_\_\_

#### Giftings, Skills, Talents, & Hobbies

1			2				3			4		
Camper Age Preference (Circle top two preferences)												
<u>GRADE:</u>	PRE-K	K5	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	Befo	ore Care	After	Care	
SPECIAL	TY LESSC	DNS:	Cook	ing (	Gymnas	stics	Swimr	ming	Art	STEM	Martial Arts	Sports



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I hereby certify that all answers given herein are true and complete. I authorize investigation of all my statements contained in the application for the Camp Rock Leaders in Training Program as may be necessary in arriving at a decision to select volunteer candidates for this opportunity.

In the event of acceptance, I understand that false or misleading information given in my application or interview may result in discharge. I understand that I am required to abide by all rules and regulations of the camp and maintain a positive, respectful attitude towards campers, parents, and other camp staff. I understand that this is an unpaid volunteer opportunity and that I am responsible for keeping track of volunteer hours accrued for any service learning credits.

Applicant's Name:	Date:					
Applicant's Signature:						
Parent's Name:	Date:					
Parent's Signature:						

Interview Notes: This section is to be completed by the person conducting your Camp Rock interview.