



# University Park Summer Camp Volunteer Application

## General Information (Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Grade: \_\_\_\_\_

What are your interests: \_\_\_\_\_

Are you involved in any Hobbies/Clubs/Sports in school?

Please list them: \_\_\_\_\_

### **Volunteer Schedule**

Our hours are 8:30 am to 6:00 pm. Monday – Friday, from June 12, 2017- August 4, 2017.

What hours are you available to work this summer?

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

Summarize any additional information you feel may be helpful to us in considering you as a volunteer.

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

### **References**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your interest in volunteering for our Summer Camp Program  
**Any questions, please contact Nai Neva Jenkins 708-921-4383**