

**PLEASE PRINT  
CLEARLY!!!**



Mail To:  
Kelly Peterson  
3165 Kagen Ave NE  
Saint Michael, MN 55376

## Day Camp Volunteer Application

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Your Camp Nick-name \_\_\_\_\_ Over 18:  Yes  No Gender:  F  M  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone(day) \_\_\_\_\_ (evening) \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Are you willing to lead a Program Session (with direction)?  Yes  No

What days are you volunteering? Camp is 8am – 5pm each day?

Tues AM  Wed AM  Thurs AM  Thursday (Overnight)  Friday (Beach Day)  
 Tues PM  Wed PM  Thurs PM **(AM=7:45am-12:30pm, PM=12:30pm-5:30pm)**

Training and Experience... T-Shirt Size (Adult):  S  M  L  XL  \_\_\_\_\_

Are you currently a registered Girl Scout?  Yes  No

Have you been trained as a Girl Scout Leader?  Yes  No Date \_\_\_\_\_

Have you had Girl Scout Outdoor Training?  Yes  No

Date of training \_\_\_\_\_

Type of training (check the one that applies)

- Troop Houses and Overnights (A)
- Cabins and Cooking (B)
- Tents and More Cooking (C)

- Basic Outdoor Skills (AB)
- Campcrafter (ABC)
- Other: \_\_\_\_\_

List other training \_\_\_\_\_ Date \_\_\_\_\_

Experience working with youth:

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

Outdoor experience:

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

What years have you Volunteered at Day Camp?  2007  2008  2009  2010  2011

Other skills and experience:

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Name of Girl Camper to apply your volunteer discount: \_\_\_\_\_

References: Please list those familiar with your character as it relates to working with youth.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Adults Only:

Do you have a valid Minnesota driver's license?  Yes  No

License # \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

If yes, please state the offense, date, and location. (A conviction record will not necessarily be cause for disqualification.)

\_\_\_\_\_

\_\_\_\_\_

In signing this application, I affirm that the information I have given is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**DO NOT COMPLETE: Phone Reference Summary For Day Camp Directors**

1. Name of Reference \_\_\_\_\_ date \_\_\_\_\_

How long have you known her/him?

Is there any reason s/he should not work with youth?

How do you rate her/his ability to work with girls in an outdoor setting?

Additional comments:

2. Name of Reference \_\_\_\_\_ date \_\_\_\_\_

How long have you known her/him?

Is there any reason s/he should not work with youth?

How do you rate her/his ability to work with girls in an outdoor setting?

Additional comments:

Please direct any questions to Kelly Peterson at: [crsuevents@gmail.com](mailto:crsuevents@gmail.com) or 763-221-5983

**This form MUST come with your Health Form – Make sure forms are COMPLETELY filled out.**