



RAINBOW DAY CAMP VOLUNTEER APPLICATION

PERSONAL INFORMATION

First Name _____ Last Name _____

Home Phone () _____ Email _____

Summer Address: _____

city

postal code

Age (if under 18) _____ *Please Note: minimum age is 15 and completion of Grade 9

1. Is this application in conjunction with the Secondary School Community Involvement Program?

YES, School Name

Grade entering in September: _____

2. Previous Participation at Rainbow Day Camp (please circle):

camper

volunteer

staff

none

3. Why would you like to volunteer at Rainbow Day Camp? _____

4. Are you interested in volunteering with (please circle):

campers with special abilities

swimming

general camp

5. What are some of your interests or special abilities (include first aid and aquatic certificates)? _____

6. What time commitment are you able to give (please circle)?
mornings afternoons full days casual
other _____

7. Please list other volunteer or paid experiences relevant to this application.

8. Currently, are you (please circle)?
full time employed part time employed full time student
Employer _____ Phone _____

REFERENCES

Please list two *adult* references that we may contact regarding your application

1. Name _____ Phone _____
Relationship _____

2. Name _____ Phone _____
Relationship _____

I authorize Rainbow Programs for Children to contact any references listed above.

Applicant's Signature _____ Date _____

Please send completed application to:
Rainbow Day Camp
304 Stone Rd. W., Ste 337
GUELPH, ON N1G 4W4
Telephone: (519) 837-0387
Email: info@rainbowdaycamp.com