

**John J. Nerden R.T.C. Camp
Volunteer Application 2024**

Volunteer Information:

Name: _____

Address: _____

Email: _____

Date of Birth: _____ Age: _____ Grade: _____

School: _____

Home Phone Number _____

Will you take medication at camp? If yes, please list

Any allergies?

Any physical limitations?

How will you be getting to camp?
(If by bus, please specify Meriden

Emergency Contact Info:

Name: _____

Phone Number: _____

Relationship to Volunteer: _____

By signing below, you agree that you have read all of the information in the cover letter and give consent for your child to volunteer at camp, as well as consent to possibly be photographed during camp activities:

Parent/Guardian (or self if 18+) Signature

Date

Please list the names and phone numbers of two references. At least one must be a current teacher. The other can be a past teacher, an employer, or another person who can attest to your work ethic and ability to help others.

Name	Relationship	Phone Number

Have you ever volunteered at camp before or have worked with individuals with intellectual disabilities? Briefly describe below.

What made you want to volunteer at camp this summer?

Have you ever been convicted of a crime including sexual abuse or child abuse?