**John J. Nerden R.T.C. Camp**

**Volunteer Application 2022**

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:

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

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 |
| --- | --- | --- |
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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?