ARTHUR SU SPORTS CAMP Volunteer Application

Name	Phone	Health Card:	
Email		T-shirt size	
Emergency Contact Information Name:		Phone:	

CAMP DATE: JUNE 30 - JULY 4 FROM 8:30 - 3:30 DAILY

WE ALSO NEED YOU TO ATTEND A MEETING AT St. Andrew's Presbyterian Church, 149 Frederick St E. SUN, JUNE 29th AT 7:00 PM TO MEET THE LEADERS AND DISCUSS YOUR ROLE AT CAMP. THE MEETING WILL LAST APPROX. 2 HOURS.

Please describe your work/volunteer experience for the past 2 years:

What sports do you like to play?

Which church do you attend or belong to?

Why do you want to volunteer at this camp?

Tell us your past impressions of this camp:

Why would you be a good leader at this year's camp?

References: Phone _____ Pastor: _____ Peer: _____ Phone _____ Signature _____ Date _____