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Clearly



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

## Day Camp Volunteer Application

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Camp 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 (Water-Fun Day)

Tues PM  Wed PM  Thurs PM **(AM=8:00am-12:30pm, PM=12:30pm-5:00pm)**

**Do you have a tent we can use for the overnight? If yes, how many can it sleep? \_\_\_\_\_**

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)

Basic Outdoor Skills (AB)

Cabins and Cooking (B)

Campcrafter (ABC)

Tents and More Cooking (C)

Other: \_\_\_\_\_

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

Experience working with youth:

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Outdoor experience:

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What years have you Volunteered at Day Camp?  2006  2007  2008  2009

Other skills and experience:

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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.)

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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 Cramer at: [kelmckcra@gmail.com](mailto:kelmckcra@gmail.com) or 763-221-5983