

# Jr. Counselor Volunteer Application

Name \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email Address \_\_\_\_\_

School and grade in the Fall of 2018-2019 \_\_\_\_\_

Age \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Person to contact in case of emergency:

Name \_\_\_\_\_

Phone (day) \_\_\_\_\_ Evening \_\_\_\_\_

## Hours Available

Mon

Tues

Wed

Thurs

Fri

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## Special Circumstances or Requested Days Off

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## Confidentiality Statement:

I understand that in my capacity as a RHUMC Kid Zone Summer Camp Volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended.

Signed \_\_\_\_\_

Date \_\_\_\_\_

