

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

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 _____

