

PLEASE
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CAMP ReCREATION 2021



New Volunteer Questionnaire

*A Summer Day Camp for Individuals with Developmental Disabilities
Accredited by the American Camp Association*

NAME: _____ T-Shirt size _____
(please print)

Phone No. _____ e-mail: _____

High School/College (if applicable) _____

IMPORTANT

**Please attach a recent photo
of yourself which we may keep.**

Previous experience working with people with disabilities? YES NO

If YES, please explain: _____

The responsibilities of volunteers at CAMP ReCREATION are many and important. This requires that each volunteer have the personal maturity to enable him/her to offer their very best gifts of friendship, love, support and protection to our campers and their complete cooperation to the staff. What do you think you can personally offer to Camp ReCreation? _____

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Please use additional pages as needed to answer questions.

NAME: _____

1. How did you hear about Camp ReCreation? _____

2. Why are you interested in volunteering at Camp ReCreation? What are your expectations?

3. Tell us briefly about your background (education, work/volunteer experience, interests/hobbies).

4. What would you consider to be some of your strengths or qualities that distinguish you?

5. Please list 2 references we can contact and their phone numbers:

Name _____ **Ph. No.** _____

Name _____ **Ph. No.** _____