



Gloucester Twp. Recreation Department  
2014 SUMMER PROGRAM VOLUNTEER APPLICATION

NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

**GENERAL INFORMATION:**

All summer program volunteers must be available for **ALL FIVE WEEKS** of our programs: *June 30 – July 31, Monday – Thursday, 9am until 1pm.* Applicants will be interviewed in mid-May. Volunteer placements are limited to one per adult paid staff member holding the title of Head Counselor, Counselor and Assistant Counselor so that training may be conducted. **2 MANDATORY** training sessions will be held; one prior to the start of camp, and one during the session. **Volunteers must currently be in 8th grade or above, unless volunteer is a previous camper then must be currently in 7<sup>th</sup> grade or above.**

**Place a check mark next to all of the sites that you would be willing to work at this summer (subject to change):**

- |  |  |
|--|--|
| <input type="checkbox"/> Chews PreK Camp (Age 3-5)                                       | <input type="checkbox"/> Chews School Playground Camp (K-3)          |
| <input type="checkbox"/> Gloucester Twp Elem. PreK Camp (Age 3-5)                        | <input type="checkbox"/> Gloucester Twp. Elem. Playground Camp (K-3) |
| <input type="checkbox"/> Union Valley PreK Camp (Age 3-5)                                | <input type="checkbox"/> Union Valley Playground Camp (K-3)          |
| <input type="checkbox"/> Glen Landing Adventure Camp (4 & 5) (8:45am-12:45pm)            |  |
| <input type="checkbox"/> Point Ariel Park ~ Nature Camp (Grades 1-4) (8:45am-12:45pm)    |  |
| <input type="checkbox"/> Recreation Center ~ Middle School (Grades 6-8) (8:45am-12:45pm) |  |

**Please include an essay with this application explaining why you would like to volunteer for our summer programs. If not included, you will NOT be considered for a volunteer position.**

Please have the **COMPLETED** form signed by (1) a parent, and (2) a teacher, prior to returning.

(1) Parent's signature: \_\_\_\_\_ Name (print): \_\_\_\_\_

(2) Teacher's signature: \_\_\_\_\_ Name (print): \_\_\_\_\_

Subject: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO DIANE JONES BY MONDAY, MAY 5, 2014**

**MAIL/DROP OFF:** Gloucester Township  
Recreation Department  
P.O. Box 8  
Blackwood, NJ 08012  
Attn: Diane Jones

**FAX:** (856) 782-8962  
**EMAIL:** recdept@glotwp.com