



Valley  
**SUMMER VOLUNTEER APPLICATION**  
2018

**1. PERSONAL INFORMATION**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Current School Grade (if applicable): \_\_\_\_\_ **(Must have completed Gr.8 by summer to apply)**

**2. POSITION**

Full Days (9:00-5:00)       Half Days (9:00-1:00, or 1:00-5:00)

**Preferred Hours (If applying for half days)**

9:00-1:00       1:00-5:00

\*Please check the weeks you are applying for  
(Please note, you will be taking on a **FULL** week of camp if chosen)

<input type="checkbox"/> July 3 <sup>rd</sup> – 6 <sup>th</sup>	<input type="checkbox"/> July 30 <sup>th</sup> – August 3 <sup>rd</sup>
<input type="checkbox"/> July 9 <sup>th</sup> – 13 <sup>th</sup>	<input type="checkbox"/> August 7 <sup>th</sup> – 10 <sup>th</sup>
<input type="checkbox"/> July 16 <sup>th</sup> – 20 <sup>th</sup>	<input type="checkbox"/> August 13 <sup>th</sup> – 17 <sup>th</sup>
<input type="checkbox"/> July 23 <sup>rd</sup> – 27 <sup>th</sup>	<input type="checkbox"/> August 20 <sup>th</sup> – 24 <sup>th</sup>

**\*All applications must be submitted by June 20<sup>th</sup>. Applications can be emailed to [recdirector@gymzone.org](mailto:recdirector@gymzone.org), or dropped off at the desired GymZone location. GymZone Gymnastics & Athletics requires a vulnerable sector police check from every volunteer at least once every 3 years. Please obtain one from your local police detachment and submit it with your form.**

**YOUR APPLICATION CANNOT BE PROCESSED WITHOUT A VULNERABLE SECTOR CHECK**

### 3. PERSONAL EVALUATION

Why do you want to work at GymZone Summer Camp?

What skills/qualifications do you have to work with kids at GymZone's Summer Camp?

FIRST AID –Expiration Date:\_\_\_\_\_  CPR – Last Exam Date:\_\_\_\_\_

OTHER: \_\_\_\_\_ Date:\_\_\_\_\_

Have you worked with children before? \_\_\_\_\_ Where? \_\_\_\_\_

When? \_\_\_\_\_ In what capacity? \_\_\_\_\_

### 4. DECLARATION OF THE APPLICANT

*Dear Applicant, there is a high level of trust and responsibility placed on those who work with children.*

I will uphold GymZone's bylaws, policies and rules while volunteering.

I will follow the directions of GymZone's coaches and leadership.

I will be careful in my speech and actions

I acknowledge that volunteering with GymZone includes the **\$10 purchase** of a GymZone staff shirt which is mandatory to be worn everyday

I acknowledge that upon acceptance to volunteer with GymZone Summer Camp, I am required to attend the **Summer Staff Training June 30<sup>th</sup>**

I have submitted a police check along with this application.

**Signature of applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_