

Return by **MAY 22nd** to: Elaine Schiltz, Recreation Supervisor
Town of Aurora Parks & Recreation
300 Gleed Avenue, East Aurora, NY 14052

2017

TOWN OF AURORA PARKS & RECREATION

VOLUNTEER APPLICATION

DAY CAMP

NAME: _____ AGE: _____ DOB: _____
First Last

ADDRESS: _____ GRADE: _____
Street Town Zip

HOME PHONE: _____ CELL PHONE: _____ SCHOOL: _____

PARENTS NAMES _____ EMERG PHONE _____

CONTACT PERSON _____ E-MAIL ADDRESS _____

The minimum age to volunteer for Day Camp is 13 years old. Please check what sessions you would like to volunteer for.

A Camp for children age 5-12 at Hamlin Park **Monday-Friday -- 9:00 - 3:45 pm**

Session 1: JUNE 26 – JUNE 30

Session 2: JULY 5 – JULY 7

Session 3: JULY 10 – JULY 14

Session 4: JULY 17 – JULY 21

Session 5: JULY 24 – JULY 28

Session 6: JULY 31 – AUGUST 4

Session 7: AUGUST 7 – AUGUST 11

SESSION CHOICE: _____

SESSION CHOICE: _____

***You may volunteer for more than one session**

PLEASE REMEMBER VOLUNTEER OPPORTUNITIES FOR EACH SESSION ARE LIMITED, WE CANNOT HONOR ALL REQUESTS. You will be contacted in **JUNE** about session choice and are expected to attend a **MANDATORY** volunteer meeting with the program supervisor.

Have you ever taken a Babysitting Course? _____ Where? _____

Please use Water Safety Aide, Exclusively Little, Dance/Theater or Sports Application if you wish to volunteer for those programs.

MEDICAL OR DEVELOPMENTAL INFO WE SHOULD BE AWARE OF _____

RELEASE: I hereby release the Town of Aurora and employees and/or volunteers and staff from any responsibility or liability in connection with this activity.

DATE _____ SIGNATURE _____

VOLDAY17

PARENT/GUARDIAN