Return by **MAY 20th** to: Elaine Schiltz, Recreation Supervisor
Town of Aurora Parks & Recreation
300 Gleed Avenue, East Aurora, NY 14052

## 2019

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 27, 28, JULY 1, 2, 5**
**Session 2: JULY 8 – JULY 12**
**Session 3: JULY 15 – JULY 19**
**Session 4: JULY 22 – JULY 26**
**Session 5: JULY 29 – AUGUST 2**
**Session 6: AUGUST 5 – AUGUST 9**

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 _____
VOLDAY19 PARENT/GUARDIAN