



Outdoor Adventure Day Camp 2020 Volunteer Application Form

Full Name (First Middle Last) _____

Completed by Office Only:
Team/Age Level: _____
Dates Volunteered: _____ _____ _____ _____

Home Contact Info:
Street Address _____
City, State, Zip _____
Home Phone # _(_____) _____
Cell Phone # _(_____) _____
Email Address _____
We prefer to communicate with everyone via email.

Are you currently a student? Yes No If yes, what grade will you attend in Fall 2020? _____

School: _____

Are you currently employed? Yes No If yes, where? _____

Address: _____ Phone: _(_____) _____

Volunteer Opportunities are weekly and daily. What is your availability?

Week: Which Session(s) of camp are you available?

- | | |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Session 1: June 29-July 3, 8:30-11:30 AM 3-4 year olds | <input type="checkbox"/> Session 4: July 20-24, 8:30-3:30 PM 5-12 year olds |
| <input type="checkbox"/> Session 2: July 6-10, 8:30-11:30 AM 3-4 year olds | <input type="checkbox"/> Session 5: July 27-31, 8:30 AM-3:30 PM 5-12 year olds |
| <input type="checkbox"/> Session 3: July 13-17, 8:30-11:30 AM 4-7 year olds | <input type="checkbox"/> Session 6: August 3-7, 8:30 AM-11:30 AM 3-6 year olds |
| | <input type="checkbox"/> Session 7: August 10-14, 8:30 AM-11:30 AM 6-10 year olds |

Day: Which day(s) of camp are you available? _____

What dates and times during the week will you be volunteering? _____

Which age level(s) do you prefer working with? Years 3 4 5 6 7 8 9 10 11 12

Describe any previous experience that you have had working as a volunteer, camp counselor or teaching children. Specify ages.

Why do you want to be an Outdoor Adventure Day Camp Volunteer?

Do you have any special talents that would benefit camp?

Do you have any special needs that we need to accommodate? If so, please list.

Do you have any allergies or any other medical condition we should be aware of? If so, please describe below and list medications you are taking.

May we contact you for other volunteer opportunities at Dahlem?	Yes	No
What areas of volunteer work are you interested in doing for Dahlem? Events/Festivals, School Programs, Stewardship, Other? Please list or describe.		

All camp staff and volunteers must submit their Driver's License or State ID in order for us to run background checks.
I certify that all of the information in this application is true to the best of my knowledge. Falsification of information can result in dismissal from camp.

Signature _____

Date _____

Thank you for your interest and commitment to volunteer at The Dahlem Conservancy's Outdoor Adventure Day Camp.

Please return completed application to:
Carrie Benham, Naturalist and Camp Coordinator
The Dahlem Conservancy
7117 S. Jackson Rd., Jackson, MI 49201
Phone (517) 782-3453 Fax (517) 782-3441
Email to: cbenham@dahlemcenter.org