



Volunteer Application Form – Day Camp

Name: _____

Age: _____

School: _____

Volunteers for Trafalgar Castle’s Day Camp must have completed the Counsellor-in-Training program.

Have you volunteered for Trafalgar Castle Day Camp before? (circle one) Yes No

Please rank from 1-8 (‘1’ being your first choice) which week you would like to volunteer for:

- ___ Week 1 (July 2-5)
- ___ Week 2 (July 8-12)
- ___ Week 3 (July 15-19)
- ___ Week 4 (July 22-26)
- ___ Week 5 (July 29- Aug 2)
- ___ Week 6 (Aug 6-9)
- ___ Week 7 (Aug 12-16)
- ___ Week 8 (Aug 19-23)

Please respond to the following in the space provided:

1) Why do you want to volunteer at Trafalgar Castle Day Camp?

2) As a volunteer, you may be asked to help run/supervise activities with your group. What are some examples of games, activities, etc. you would run with our campers? (Please provide examples for different age groups i.e. one for 5 year-olds and one for 10 year-olds).

3) What would you do if two campers in your group began verbally arguing and the counselor was dealing with an injury—it's just you. How might you try to help this issue?

We thank you for your interest in volunteering with Trafalgar Castle Day Camp. We will do our best to accommodate your request for weeks but we cannot make any guarantees. Similarly, you will be asked to help with groups that need help and it might be an age group you don't particularly prefer; part of being a camp counselor is being able to adapt to different situations. You will be expected to do all activities with your campers and be involved (that includes swimming).

By signing and submitting this form, you acknowledge and accept these terms.

Signature: _____

E-mail: _____

Please complete and email back to daycamp@trafalgarcastle.ca.