



## 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 6-10)

\_\_\_ Week 2 (July 13-17)

\_\_\_ Week 3 (July 20-24)

\_\_\_ Week 4 (July 27-31)

\_\_\_ Week 5 (Aug 4-7)

\_\_\_ Week 6 (Aug 10-14)

\_\_\_ Week 7 (Aug 17-21)

\_\_\_ Week 8 (Aug 24-28)

**Please respond to the following in the space provided:**

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

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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).

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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?

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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](mailto:daycamp@trafalgarcastle.ca).