



Volunteer Registration Form

Please complete this form and return it to Adaptive and Inclusive Rec.: 1001 Fourth Street, Greensboro, NC 27405

Fax: 336-373-2943

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birthday: _____

City of GSO Resident Guilford County Resident Non-Guilford Co. Resident

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone: _____

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Please check the weeks you are interested in volunteering

First Session

Week: June 22-26

Week: June 29-July 3 (Closed July 3rd)

Week: July 6-10

Second Session

Week: July 20-24

Week: July 27-31

Week: Aug. 3-7

Will you be able to volunteer from 9 am–3 pm during the weeks indicated?

YES **NO** If no, what hours will you be able to volunteer?

NOTE Transportation is not available for volunteers by Parks & Recreation. In order to volunteer, you will need to provide your transportation to camp.*



Interests, Experience and Skills

Please list your special interests and talents:

What experience, if any, have you had in working with people with disabilities?

Have you ever attended or worked at a camp? YES NO

Volunteers at Camp Joy may serve as **assistant counselors** with one specific age group of campers throughout the day or as **assistant instructors** who assist with a specific class and meet a variety of different aged campers. **Please check the position you feel you would be *most comfortable in while volunteering at Camp Joy.***

Assistant Counselor Assistant Instructor No Preference

If you are interested in volunteering as an **ASSISTANT COUNSELOR**, please indicate which group you would like to work with:

5-10 year olds 11-15 year olds 16-21 year olds
 22 years and older No Preference

If you are interested in volunteering as an **ASSISTANT INSTRUCTOR**, please indicate which class you would like to work with.

Outdoor Activities Music Art PE
 Make It Take It (Craft and Light Cooking)