



Volunteer Application Form

Become a Camp Volunteer this Summer!

- Build your experience and opportunities for future employment
- Make a difference by giving to your community
- Help make a fun and inclusive camp experience for all

Volunteer Information

Name:	
Address:	
Town:	
Postal Code:	
Email:	
Home/Cell Phone:	
Emergency Contact Name:	
Emergency Contact #:	

Qualifications & Experience

Are you 13 years or older?	Yes	No
Do you have First Aid & CPR Certificate?	Yes	No
Do you have your vulnerable sector police screening?	Yes	No

Completed Leadership Programs

Leader in Training - Town of Newmarket		Leader in Training - Other	
Counsellor in Training - Town of Newmarket		Counsellor in Training - Other	
Inclusion Counsellor in Training		Babysitting Course	
Other:			

Completed Education

Highest level/grade completed:		School:	
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Additional Information

Please describe any experience you have which would assist you in the Camp Volunteer role. (Includes volunteer, employment, school or community opportunities, etc)



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Availability (Summer Camp Weeks)

July 4 to 7:	<input type="checkbox"/>	August 8 to 11:	<input type="checkbox"/>
July 10 to 14:	<input type="checkbox"/>	August 14 to 18:	<input type="checkbox"/>
July 17 to 21:	<input type="checkbox"/>	August 21 to 25:	<input type="checkbox"/>
July 24 to 28:	<input type="checkbox"/>	August 28 to September 1:	<input type="checkbox"/>
July 31 to August 4:	<input type="checkbox"/>		
Full Day 9 a.m. to 4 p.m.	<input type="checkbox"/>	Other hours: (please specify)	<input type="checkbox"/>

Note: Applicants that are available for the full day of camp will be given selection priority

Additional Information

Why do you want to volunteer at the Town of Newmarket Summer Camps?

Areas of Interest

Please circle any areas below that you are interested in and or have experience with:

Arts:	<input type="checkbox"/>	Skateboarding/Scootering:	<input type="checkbox"/>
Cooking:	<input type="checkbox"/>	Skating:	<input type="checkbox"/>
Dance:	<input type="checkbox"/>	Sports:	<input type="checkbox"/>
Fitness:	<input type="checkbox"/>	Swimming:	<input type="checkbox"/>
Hockey:	<input type="checkbox"/>	Theatre:	<input type="checkbox"/>

Additional Information

Please specify any areas you're interested in developing through the Volunteer Program:

Special Needs

Are you interested in working with individuals with Special Needs?	Yes	No
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References (please provide 3)

Name:	
Phone Number:	
Email:	

Name:	
Phone Number:	
Email:	

Name:	
Phone Number:	
Email:	

Please Sign Form Below

Signature of Applicant:	
Date:	
Signature of Parent (if applicant is under the age of 18 years):	



Recreation & Culture – Camp Central
 Town Of Newmarket, Recreation Youth Centre
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