

WEKIVA YOUTH CAMP
ADULT VOLUNTEER APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Male _____ Female _____ E-mail _____

Tee Shirt Size _____ (available for purchase at camp)

Have you had experience at Wekiva Youth Camp YES _____ NO _____

How many years ? _____ What were the years ? _____

At other Youth Camps YES _____ NO _____

If so, explain _____

Have you had formal training in working with students grades 3 through 8? Kindergarden through 2nd ? YES _____ NO _____

Your experience in Primitive or Tent Camping and/or Canoeing.

Explain _____

Hobbies, Interests _____

WEEK WOULD LIKE TO WORK _____

Which area do you prefer? Nature _____ Crafts _____

Office _____ Licensed Nurse _____ 7th Grade _____ 8th Grade _____

Critter Camp _____ As Needed _____

For Dates of Camp in 2008, click on YOUTH, then WEKIVA at the FFGC WEB SITE. FOR FORMS, click on to FORMS.

Volunteers will need to submit a completed Health Form and a Release Form for an FDLE Background Check.

Packing list and map/driving instructions available online.

Send to JAN SILLIK, WYC CHAIRMAN, '08

5707 Cedar Park Lane, Jacksonville, FL 32210-5246

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FAX 904-374-4467