

**WEKIVA YOUTH CAMP  
ADULT VOLUNTEER APPLICATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TEL: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ E-Mail \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_ Tee Shirt Size (available to buy at camp) \_\_\_\_\_

Have you had experience at Wekiva Youth Camp YES \_\_\_\_\_ NO \_\_\_\_\_

How many years? \_\_\_\_\_ In what area? \_\_\_\_\_ 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?

YES \_\_\_\_\_ NO \_\_\_\_\_ Kindergarten through 2<sup>nd</sup> YES \_\_\_\_\_ NO \_\_\_\_\_

Your experience in Primitive or Tent Camping and/or Canoeing, if any:

Explain \_\_\_\_\_

Hobbies, Interests \_\_\_\_\_

**WEEK(S) WOULD LIKE TO WORK:**

Which area do you prefer? Nature \_\_\_\_\_ Crafts \_\_\_\_\_

Office \_\_\_\_\_ Licensed Nurse \_\_\_\_\_ 7<sup>th</sup> Grade \_\_\_\_\_ 8<sup>th</sup> Grade \_\_\_\_\_

Critter Camp \_\_\_\_\_ As Needed \_\_\_\_\_ Wekiva Wheels committee \_\_\_\_\_

For dates of Camp in **2010** click on YOUTH, then WEKIVA at the FFGC Web Site ([www.ffgc.org](http://www.ffgc.org)) – you may also click on FORMS for information.

Volunteers will need to submit a completed Health Form and a Release Form for a FDLE Background Check. Packing list and map/driving instructions and camper information also available online at our website.

**Send to: SUE ANGLE, WEKIVA YOUTH CAMP CHAIRMAN**

**6972 Country Lakes Circle, Sarasota, FL 34243-3803**

**Ph. 941-351-1103, E-mail: [sueangle@comcast.net](mailto:sueangle@comcast.net)**