

WEKIVA YOUTH CAMP

CRITTER CAMP VOLUNTEER APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (Hm) _____ (Cell) _____

EMAIL _____

Names/Grades of campers coming with you:

Do you wish to be a Cabin Mom/Dad ? YES _____ NO _____
(staying in cabin with campers and counselor)
(limited number - first-sign-up basis)

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 Kindergarten through 2nd?

YES _____ NO _____

Hobbies, Interests _____

Check the FFGC WEB SITE (www.ffgc.org). Packing list

and map/driving instructions available online.

Send to:

Betty Moore

2552 Pineapple Ave

Melbourne, FL 32935-6209

321-242-0094

moore2552@wmconnect.com