

WEKIVA YOUTH CAMP
ADULT VOLUNTEER APPLICATION

NAME _____

ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

TELEPHONE (Hm) _____ (Cell) _____

EMAIL _____

Tee Shirt Size (available for purchase at camp) S _____ M _____ L _____ XL _____

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

How many years? _____ In what areas? _____ 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 _____

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 _____ 7th Grade _____ 8th Grade _____

As Needed _____ WekivaWheels Committee _____

Names/Grades of campers coming with you _____

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

Camp Dates: http://www.ffgc.org/youth/images/wekiva_schedule_2012.pdf

Camp Forms: <http://www.ffgc.org/forms/index.html>

Packing list and map/driving instructions and all other
information http://www.ffgc.org/youth/camp_wekiva.html

Send to: Arlene S. Rand, WYC CHAIRMAN

2337 Hampstead Ave., Clermont, FL 34711

Home Phone (352) 243-7103 Cell (352) 220-2061

E-mail: arlenesrand@aol.com