

# 2018 Coulee Kids Summer Camp Volunteer Form



Please fill out the form below (front and back side) to the best of your knowledge and return to Jillian at [lwcfldhouse@gmail.com](mailto:lwcfldhouse@gmail.com). Please put CKSC Volunteer, ATTN: Jillian in the subject line.

Full Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_  
 Volunteer Shirt Size AS \_\_\_ AM \_\_\_ AL \_\_\_ AXL \_\_\_ A2XL \_\_\_  
 Camps able to volunteer: (place and "X" in all weeks/times that you are interested and able to volunteer for).

Dates	Weekly Themes	½ Day- Morning (7:30 a -11:30 a)*	½ Day- Afternoon (11:30 a -3:30 p)*	All Day (7:30 a -3:30 p)*
June 11-15	Fun and Fitness			
June 18-22	Sports Extravaganza			
June 25-29	Amazing Race			
July 9-13	Servant Leadership			
July 16-20	Superhero Adventures			
July 23-27	Nature Unleashed			
July 30-3	Hawaiian Hullabaloo			
August 6-10	Summer Olympics			
Aug. 13 – 17	Water World			
Aug. 20- 24	Mad Science			

\*Volunteer times can be broken up on a case to case basis. Please let us know on this form on the backside if a different schedule is desired

References:

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_  
 2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_  
 3. Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

IN THE SPACE PROVIDED PLEASE ANSWER ALL THE QUESTIONS

1. What characteristics do you possess which would make you a good volunteer?
2. Why do you want to volunteer at Coulee Kids Summer Camp?
3. What is your experience with kids? (age levels and in what capacity? – babysitting, coaching, etc.)
4. Tell us about your experience/knowledge working with special needs children.
5. What is your availability? (if further explanation is needed from above)

By signing this document, you agree that everything you displayed on this form is true best to your knowledge. You also assume complete responsibility to all and any risk you may encounter at La Crosse Wellness Center which includes but is not limited to any health hazards, broken bones, illness, ect. By signing this document, you take on the assumption of risk and accept full responsibility to your person while volunteering at Coulee Kids Summer Camp and La Crosse Wellness Center.

Signature \_\_\_\_\_

Date \_\_\_\_\_