



Camp Livitup
Group Leader in Training/ Volunteer Application

TODAY'S DATE: _____

NAME: _____ DATE OF BIRTH: _____ AGE: _____ SEX: _____

PARENTS/GUARDIANS NAME: _____

ADDRESS: _____ ZIP: _____

E-MAIL: _____ HOME: _____

PARENTS CELL #: _____ APPLICANT'S CELL #: _____

EMERGENCY CONTACT NAME & PHONE NUMBER:

NAME OF SCHOOL THAT YOU ATTEND AND GRADE LEVEL:

WHAT CAMP SESSIONS CAN YOU WORK: (PLEASE CIRCLE)

I- JUNE 7-JUNE 18

II- JUNE 21-JULY 2

III- JULY 5-JULY 16

IV- JULY 19-JULY 30

GENERAL CAMP INFORMATION:

1. DO YOU HAVE ANY KNOWLEDGE ABOUT UCP OF THE MID-SOUTH OR ITS PROGRAMS? _____

2. WHY DO YOU WANT TO WORK AT A UCP SUMMER CAMP? _____

3. WHAT SKILLS WOULD YOU BRING TO OUR CAMPS THAT WOULD ENHANCE A "GROUP" EXPERIENCE? _____

4. TELL US ABOUT OTHER VOLUNTEER WORK YOU'VE DONE: _____

REFERENCES:

Please list **at least three (3)** non-relative references (Employers, teachers, adult friends, counselor, etc.)

NAME	ADDRESS/PHONE	RELATION TO APPLICANT

SKILLS:

Place **a check** next to the activity, which you are able to lead.

A. Arts & Crafts

- _____ Drawing
- _____ Crafts
- _____ Painting
- _____ Drawing
- _____ String Art
- _____ Candle Making
- _____ Tie-dying
- _____ Other: _____
- _____
- _____
- _____

B. Sports/Games

- _____ Basketball
- _____ Soccer
- _____ Yoga
- _____ Group Games
- _____ Hockey
- _____ Tennis
- _____ Other: _____
- _____
- _____

C. Drama/Music/Dance

- _____ Acting
- _____ Puppetry
- _____ Storytelling
- _____ Song Leadership
- _____ Ballet
- _____ Modern Dance
- _____ Tap Dance
- _____ Play a Musical Instrument (which) _____
- _____
- _____ Other: _____
- _____
- _____
- _____

D. Aquatics - Swim Skill Level

_____ Non-swimmer
_____ Beginner
_____ Adv. Beginner
_____ Intermediate
_____ Swimmer
_____ Life Guard Trained
_____ Water Safety

Instructor

_____ Other: _____

E. Miscellaneous

_____ Photography
_____ Sewing
_____ Current CPR
_____ First Aid
_____ Face Painting
_____ Magic
_____ Other: _____

IN CAMP LIVITUP, WE WORK WITH CHILDREN WITH MULTIPLE DISABILITIES AND NEEDS. ALL INFORMATION PROVIDED WILL BE USED TO HELP THE CAMP LIVITUP MANAGEMENT TEAM WITH PLACING THE GROUP LEADERS IN TRAINING/VOLUNTEERS IN THE BEST POSSIBLE AREA. BY SIGNING THIS APPLICATION, YOU ARE IN AGREEMENT WITH ALL ANSWERS LISTED.

JR. GROUP LEADER IN TRAINING/VOLUNTEER SIGNATURE DATE

PARENTS' SIGNATURE (IF VOLUNTEER IS UNDER 18) DATE