



Camp Begin Again

Volunteer Application

November 11-13, 2011
Central Baptist Youth Camp
in DeLand

Name

Home Phone

Address

Work Phone

City

Zip

Cell Phone

E-mail Address

Employer

Educational Background

Information needed for background screening:

Race _____ Sex _____ DOB _____ SSN _____

Please indicate below which positions you are interested in. Please specify your first, second and third choices and we will try to accommodate you, based on where you could best be utilized. Everyone will be **required** to attend an orientation session that will be on November 4 from 5:30 to 9:00 pm at the BeginAgain Center, 655 N. Clyde Morris Blvd., Suite A, Daytona Beach, FL.

Cabin Assistant:

___ 6-11 years ___ 12-17 years

- OR -

Bereavement Counselor: (Master's Degree required)

___ 6-11 years ___ 12-17 years

Registration

Packing and Unloading on Friday (starts around 9:00 am)

Camp Nurse

Set-Up at Camp on Friday (starts at 1:00 pm)

Memorial Service

Rainy Day Activities

Water Activities

Photographer

Lifeguard

Music

Land Sports/Recreation

Kitchen Help

Arts & Crafts

Clean-Up on Sunday (starts at 8:00 am)

Canoeing

Other: _____

Special skills/previous camp experience: _____

Camp begins Friday, November 11, 2011 with registration at 5:00 pm and ends on Sunday, November 13, 2011 at 11:00 am.

Please indicate what days or nights you will be available.

___Friday only ___All weekend ___ Saturday only ___ Sunday only ___Other (please specify) _____

Camp volunteers will be given a “*Camp BeginAgain*” t-shirt. Please indicate your size below.

Adult size:

_____ extra, extra large _____ medium
_____ extra large _____ small
_____ large

Volunteers for “*Camp BeginAgain*” will be provided with meals and lodging. No other payment or compensation for volunteer services will be given. Volunteers must provide their own transportation to and from the camp site.

Volunteer Applicant’s Signature

Date

Please return this application form no later than **October 17, 2011** to:

Karen Grant
655 N. Clyde Morris, Blvd., Suite A
Daytona Beach, FL 32114
karen.grant@halifax.org

386.258.5100
FAX 386.258.9889

Please feel free to make additional copies of this application.