

Camp ARROW Volunteer Form

Name _____ Age _____

Address _____

Phone _____ Grade in School _____

School/ Occupation _____

Briefly describe previous camp experiences: _____

Briefly describe your interest in children with special needs: _____

Give 3 names as references:

	Name	Address	Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Check preference of areas you would like to volunteer:

swimming arts & crafts music
 kitchen help decorating cleaning
 washing dishes reading to a camper
 outdoor activities other: _____

All applicants must sign the following: As a volunteer, I will not use alcoholic beverages or illegal drugs at Camp ARROW. I will obey all rules and regulations of the camp.

The parent of an applicant under 18 years of age must sign the following: I have read and fully understand the conditions stated above.

Mail to: Camp ARROW, P.O. Box 647, Thomasville, GA 31799
Or scan and email to: info@camparrow.org