



# Summer Camp Aide Application

**Name:**

**Phone #:**

**Email Address:**

**Home Address:**

**DOB:**

**How did you hear about the Summer Camp Aide position?**

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**What interests you about this opportunity?**

**What are you able to offer the position that will make you a good a camp aide?**

**Any prior volunteer experience? If so, please elaborate.**

**Please list one reference below (teacher, employer, etc):**

- Name:
- Phone number:
- Email:
- How does this person know you?

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**Which of the following are you interested in?**

- A. Morning Camp (9:00am-1:15pm)
- B. Afternoon Camp (1:15pm-4:45pm)
- C. Full Day (9:00am-4:45pm)

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**Which week(s) you would be available to volunteer?**

Week 1 June 16-20

Week 2 June 23-June 27

Week 3 June 30-July 3 (4 day week)

Week 4 July 7-July 11

Week 5 July 14-July 18

Week 6 July 21-July 25

Week 7 July 28-August 1

Week 8 August 4-August 8

Week 9 August 11-August 15

Week 10 August 18-August 22

Week 11 August 25-August 29



**Please return your completed application to Ged Ong, Director of Education Programs and Operations at [gong@ccabedminster.org](mailto:gong@ccabedminster.org)**

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