

CAMP KAWARTHA

Main Office:

1010 Birchview Road RR 4, Lakefield, Ontario, K0L 2H0

Phone: 705-652-3860 Toll-free: 1-866-532-4597 Fax: 705-652-1500

Web: www.campkawartha.ca Email: info@campkawartha.ca



Volunteer Application Form

Name: _____ Age (if under 25): _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____

Home Phone: _____ Cell Phone: _____

Volunteer Opportunities - please check preference(s):

- Outdoor Education Centre (Lakefield) Environment Centre (Peterborough)
- Board of Directors Fundraising Committee Office Maintenance Landscaping
- Green in Motion Fundraiser Surf-n-turf Fundraiser
- Other: _____

What length of commitment do you plan to make: _____

Availability:

- Regularly each week (specify day/time) _____
- Special event or short-term tasks only (please specify) _____

Why would you like to volunteer at Camp Kawartha: _____

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Highest education level reached: _____

Present Occupation: _____

Relevant education, training, or professional experience: _____

Certification(s):

First Aid & CPR Valid Driver's License _____

Teacher's Certificate WHMIS _____

CUI (Climbing wall/ropes) Fall Arrest _____

Other _____

Volunteer Experience and current commitments: _____

Special Skills, Interests, Hobbies: _____

Please provide three references (not relatives):

1. Name: _____ Phone: _____

Relationship/Occupation: _____

2. Name: _____ Phone: _____

Relationship/Occupation: _____

3. Name: _____ Phone: _____

Relationship/Occupation: _____

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How did you hear about Camp Kawartha: _____

Volunteer Agreement:

I promise to hold in confidence all matters that come to my attention in the course of my service with Camp Kawartha

I will respect the privacy of the people whom I serve and will speak with the respective department supervisor, committee chair, or Executive Director regarding any concerns I may have.

I agree to uphold the duties and responsibilities of being a volunteer with Camp Kawartha.

I understand that any information obtained by Camp Kawartha will be kept confidential.

I give my consent to gather information for the purposes of assessing suitability as a volunteer for Camp Kawartha.

I give my consent to receive information and other mailings from Camp Kawartha Yes No

I fully understand that I will be required to provide a clear criminal record/vulnerable sector check prior to starting my volunteering with Camp Kawartha.

Volunteer's Signature

Date

Thank you for your interest in volunteering at Camp Kawartha