

Rocky Bayou Christian School Specialty Camp

2101 N. Partin Drive, Niceville, FL 32578
(850) 729-7227 ext 273

APPLICATION for Specialty Camp VOLUNTEER AGES 13-17

Summer of 2011

Date of Application: _____ Age (must be 13) _____ Birth date (mm/dd/yyyy) ____/____/____

Name (First, Last) _____ Telephone _____

Address _____ Email _____

I would like to work as a volunteer helper age, 13-17.

What specialty camp would you prefer to work with? _____ Science, Sports, Music, PSAT/SAT, Reading, Scrapbookin', Chess and Computer. Write the name of the specific camp(s) if you have one.

Why would you like to work with the Specialty Camp? _____

How many summers have you been a helper for a Specialty Camp? _____

Describe your present relationship with the Lord. _____

Indicate which weeks you are available to work this summer.

- | | | | |
|---|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> June 6 - 10 | <input type="checkbox"/> June 13 - 17 | <input type="checkbox"/> Jun 20 - 24 | <input type="checkbox"/> Jun 27 – Jul 1 |
| <input type="checkbox"/> July 5 – 8(No camp July 4) | <input type="checkbox"/> July 11 – 15 | <input type="checkbox"/> July 18 – 22 | <input type="checkbox"/> July 25 – Jul 29 |

Certifications held – none are required to work with a specialty camp

- CPR First Aid

Bus service for helpers, when available, will be \$1 a ride unless from Shalimar or FWB - \$2 a ride

All minors, not enrolled at RBCS, must provide **one of the following** to establish proof of age. An age certificate issued by the school board or a photocopy of your birth certificate, driver's license, passport, visa, or identification card issued by the Florida Department of Highway Safety and Motor Vehicles.

Turn all applications in to Mr. Raymond Allen or email them to SummerCamp@rbc.org 729-7227 ext 276
My child may be a helper for Rocky Bayou Christian School Specialty Camp. I give permission for any photos taken of my child to be used in advertising for the programs or I will note it.

NOTE: email your name to Ray Allen at SummerCamp@rbc.org This is how I will first contact you!

Parent/Guardian Name (Print)

Parent/Guardian Signature