



CAMP VOLUNTEER APPLICATION ❖ SUMMER 2020

Full Name: _____ T-shirt size: _____
(unisex adult sizes)

Address: _____ City: _____

State: _____ Zip: _____ Country: _____ Age: _____

Email: _____ Marital Status: _____ D.O.B. / / /

Phone #: _____ Emergency Contact Phone #: _____

Primary Language: _____ Secondary Language: _____

Indicate which sessions you would like volunteer:

| | |
|---|---|
| <input type="checkbox"/> Kids Camp 1 (July 6 - 9) | <input type="checkbox"/> Kids Camp 2 (July 11 - 14) |
| <input type="checkbox"/> Kids Camp 3 (July 16 - 19) | <input type="checkbox"/> Kids Camp 4 (July 21 - 24) |
| <input type="checkbox"/> Kids Camp 5 (July 26 - 29) | |

Have you attended Metro World Child Camp in the past? Y/N If yes, year & # of sessions: _____

Have you completed Metro Boot Camp or Metro Internship? If yes, indicate which & when: _____

Are you a Won by One sponsor? Y/N If yes, please give child's full name: _____

Have you ever been convicted of a felony or misdemeanor? YES or NO
 If yes, please explain: _____

Do you smoke? YES or NO Do you drink alcoholic beverages? YES or NO If yes, regularly, occasionally, rarely?

Do you use illegal drugs, marijuana or tobacco? YES or NO If yes, please indicate & explain:

| | | |
|-------------------|--|--|
| For internal use: | Date application received: ____ / ____ / ____ | ACCEPTED / DENIED |
| | FLIGHT DETAILS: | |
| | Arrival - Airport _____ Airline _____ Flight _____ Time _____ am/pm | |
| | Departure - Airport _____ Airline _____ Flight _____ Time _____ am/pm | |
| | <input type="checkbox"/> T-shirt ordered | Room Assignment: Floor _____ Rm# _____ |
| | Total Cost = \$ _____ X (# of sessions) _____ = \$ _____ <input type="checkbox"/> Paid in Full | |

Church Name: _____ Pastor's Name: _____
Church's Telephone #: _____

Include a brief testimony of your salvation experience and your current relationship with God:

List and describe any past experience you have had in children/youth/urban ministry:

Please write 2 or 3 sentences why you want to serve as a volunteer at Metro World Child's Summer Camp:

MEDICAL INFORMATION:

Do you have any medical conditions? YES or NO

If yes, please elaborate: _____

Please list any allergies: _____

Please list any medications: _____

(All medications will need to be kept at the Nurses Station for the safety of the campers.)

IMPORTANT:

Please include the following with your application *(without these 2 items your application may be declined)*:

- a Pastoral Recommendation a recent photograph of yourself

By signing below you are certifying that the answers given herein are true and complete:

Signature

Date



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