



**CAMP VOLUNTEER APPLICATION ❖ SUMMER 2021**

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 9 - 12)	<input type="checkbox"/> Kids Camp 4 (July 24 - 27)
<input type="checkbox"/> Kids Camp 2 (July 14 - 17)	<input type="checkbox"/> Kids Camp 5 (July 29 - August 1)
<input type="checkbox"/> Kids Camp 3 (July 19 - 22)	

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	
	<b>FLIGHT DETAILS:</b>			
	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:

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

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

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**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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