



Camp Ex³STREAM Volunteer Application Form

Personal Information

Full Name _____
First Name Last Name

Email _____

Phone Number _____

Address _____

Age _____

Date of Birth _____

Start Date Availability _____

Are you authorized to volunteer in the US?

Yes

No



Do you have experience working as a volunteer in a camp?

- Yes
- No

Educational Background

	School Name	Location	Year
College			
High School			
Grade School			

Please answer the following questions in a paragraph format: What are your strengths and weaknesses? What are your achievements and goals? How can you contribute to the camp staff?



Please let us know if you have any medical conditions or limitations.

References

Name _____

Relationship _____

Contact Number _____

Email _____

Name _____

Relationship _____

Contact Number _____

Email _____

Acknowledgement

I confirm that the information I provided in this document is accurate and true.