



Camp Ex³STREAM Volunteer Application Form

Personal Information

Full Name					
	First Name		Last Name		
Email					
Phone Nur	nber				
Address _					
Age					
Date of Bir	th				
Start Date	Availability _				
Are you authorized to volunteer in the US?					
~					









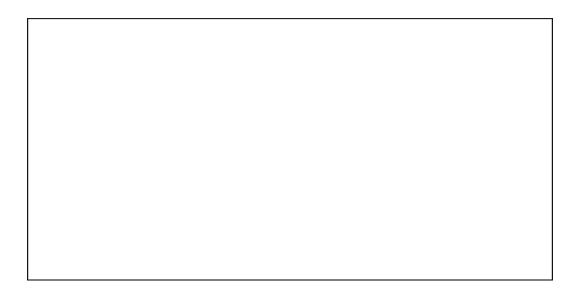
Do you have experience working as a volunteer in a camp?



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.