

**2016 CAMP SUNRISE VOLUNTEER APPLICATION – NON HEALTH & PE CREDIT**  
**VOLUNTEER CHECKLIST – KEEP THIS FOR YOUR REFERENCE**

**QUALIFYING FOR THE PROGRAM:**

1. Camp runs for **7 weeks (June 20-August 5) Monday-Friday from 9:00 a.m.-3:00 p.m.** You will be required to volunteer **TWO CONSECUTIVE WEEKS** for a total of 60 hours.
2. Camp Sunrise is a camp for individuals ages 3-21 with special needs.

**CAMP SUNRISE VOLUNTEER APPLICATION PROCESS:**

1. The CAMP SUNRISE VOLUNTEER APPLICATION (including 2 “VOLUNTEER REFERENCE FORMS”) must be submitted to the Parks and Recreation Department **NO LATER THAN FRIDAY APRIL 1, 2016**. If you miss the deadline, you will be placed on a waitlist. If you volunteered last summer, you **DO NOT** need to submit new VOLUNTEER REFERENCE FORMS.
2. The Glastonbury Parks and Recreation Department will e-mail you an AVAILABILITY SHEET. The AVAILABILITY SHEET is due back to the Glastonbury Parks and Recreation Department **NO LATER THAN Friday May 6, 2016**. Please make sure to write your e-mail legibly. Your e-mail **should not** be your school e-mail.
3. Prioritize the weeks that you want on The AVAILABILITY SHEET. Volunteers are scheduled on a first come first serve basis as AVAILABILITY SHEETS get turned in. **DO NOT WAIT** until the deadline because **YOU WILL NOT** get your first preferences. We can only accommodate 30 volunteers per week. Failure to return the AVAILABILITY SHEET by the deadline will result in disqualification from the program.
4. **During the week of May 9, 2016** SCHEDULES and MANUALS will be mailed to your home (if you have submitted the AVAILABILITY SHEET). **YOU WILL NOT** be able to change your schedule after this point.

**CAMP SUNRISE REQUIRMENTS:**

1. Attend the **MANDATORY** volunteer training on **June 16, 2016** at the Smith Middle School Cafeteria from 5:00-7:00 p.m. (new volunteers only).
2. Check into Camp Sunrise on your first day. Sign in and out each day.

**CAMP SUNRISE EVALUATION PROCESS:**

1. You will be evaluated by the staff after you have completed your 60 hours (the EVALUATION document). A copy of the evaluation will be kept at the Parks and Recreation office. You may request a copy for your records.

Contact Anna Park, Recreation Supervisor, at (860)652-7683 or  
e-mail at [anna.park@glastonbury-ct.gov](mailto:anna.park@glastonbury-ct.gov) if there are any questions.

**CAMP SUNRISE VOLUNTEER APPLICATION – NO HEALTH & PE CREDIT  
DUE NO LATER THAN FRIDAY, APRIL 1, 2016**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

\*\*Please note that you must be at least 14 years old or have completed your freshman year of high school to volunteer.

**PLEASE DETAIL ANY EXPERIENCE YOU HAVE HAD WORKING WITH CHILDREN WITH SPECIAL NEEDS (INCLUDING VOLUNTEER WORK, BUDDY PROGRAMS ETC...):**

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**PLEASE USE THE SPACE PROVIDED TO WRITE A SHORT ESSAY ON WHY YOU ARE INTERESTED IN BEING A VOLUNTEER WITH THE CAMP SUNRISE PROGRAM** (If you need additional space, please use the back of this form or attach a separate piece of paper):

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**REFERENCES** (Please include the 2 attached written references from people other than family members. Please list their name, address, phone number and relationship to you on the spaces provided below):

**PLEASE NOTE: REFERENCES ARE REQUIRED FOR NEW VOLUNTEERS ONLY**

1. \_\_\_\_\_

2. \_\_\_\_\_

**THE DEADLINE FOR RETURNING THE CAMP SUNRISE VOLUNTEER APPLICATION AND TWO VOLUNTEER REFERENCE FORMS (NEW VOLUNTEERS ONLY) IS FRIDAY, APRIL 1, 2016**

**CAMP SUNRISE VOLUNTEER APPLICATION – NO HEALTH & PE CREDIT  
VOLUNTEER REFERENCE FORM  
DUE NO LATER THAN FRIDAY, APRIL 1, 2016**

(Volunteer's Name) \_\_\_\_\_

has applied to be a Volunteer with the Camp Sunrise Program. So that his/her application may be given proper consideration, your help is needed in completing this reference form.

I hereby release from all liability the company or person below, and authorize the release of all information regarding my relationship/employment with them.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PLEASE COMPLETE ALL APPLICABLE INFORMATION**

\_\_\_\_\_  
Name of Reference

\_\_\_\_\_  
Day Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

1) In what capacity have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) For how long? \_\_\_\_\_

3) If this individual has worked for you, how would you rate his/her work record and overall performance? Please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Would you rehire? \_\_\_\_\_

5) How would you rate this individual's character? Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Do you know of any reason why this individual should not be a valuable employee? \_\_\_\_\_  
\_\_\_\_\_

7) Please use this space for any additional comments. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

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Date

**PLEASE COMPLETE ALL APPLICABLE INFORMATION**

\_\_\_\_\_  
Name of Reference

\_\_\_\_\_  
Day Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

- 1) In what capacity have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2) For how long? \_\_\_\_\_
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date