

HANDS-ON HOUSE

VOLUNTEER INTEREST FORM – SUMMER 2018

Hands-on House is looking for responsible, hard-working and fun loving teens to help supervise children at our Hands-on House Summer Camp!

DATE: _____

NAME: _____

WHAT WOULD YOU LIKE TO BE CALLED? _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ CELL PHONE: _____

EMAIL: _____

AGE: _____ ** BIRTHDATE: _____

WHERE DO YOU GO TO SCHOOL? _____

GRADE LEVEL IN FALL 2018 _____

HAVE YOU VOLUNTEERED AT HANDS-ON HOUSE SUMMER CAMP BEFORE?

YES NO

IF YES, WHAT SUMMER(S)? 2014 2015 2016 2017

*****Please note: Volunteers who will be 18 or older by the time of their scheduled week MUST have the following government clearances in order to participate:***

- *Pennsylvania Child Abuse History Clearance;*
- *Pennsylvania State Police Criminal Record Check; and*
- *Federal Bureau of Investigation Criminal Background Check.*

More information on how to obtain these forms will be provided to you once you have been scheduled to volunteer

CIRCLE THE WEEKS OF CAMP YOU ARE AVAILABLE TO VOLUNTEER:

PLEASE REMEMBER THAT WE WILL NEED YOU EACH DAY OF THAT WEEK (M-F) FROM 8:30AM-12:30PM

June 25 – June 29

July 9 – 13

July 16 – 20

July 30 – August 3

August 6 – 10

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ CELL PHONE: _____

PARENT EMAIL: _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE: _____

OVER →

PLEASE CIRCLE YES OR NO:

I have reliable transportation to and from Hands-on House: YES NO

I enjoy working with young children: YES NO

I am capable of being responsible for young children during camp activities and games: YES NO

I am comfortable with the unpredictability of young children and can quickly adapt to change: YES NO

If I am chosen as a volunteer, I can commit to the full week of camp for which I am scheduled (M-F, 8:30a-12:30p): YES NO

Are you volunteering to fulfill any school, church or other community service obligation? YES NO

If you answered yes, what organization? _____

What activities, other than school, are you involved in?

Why do you want to volunteer at Hands-on House?

What makes you a great volunteer?

Where else, if any, have you volunteered in the past? What were your responsibilities?

ONCE YOU HAVE COMPELETED THIS FORM, PLEASE SEND IT TO:

Hands-on House

Attn: Volunteer Coordinator

721 Landis Valley Rd

Lancaster, PA 17601

THANK YOU FOR YOUR INTEREST!

FOR QUESTIONS, PLEASE CALL MAEDA MYERS @ 717-569-5437