



CAMP AIDE VOLUNTEER APPLICATION

Complete the application and email to CommunityServices@GwinnettCounty.com or return to your preferred camp location by Monday, April 22. Applicant must be 14 by the first day of selected participation.

CAMP LOCATIONS *(select preferred location; complete one application per site)*

Berkeley Lake

Pinckneyville Park CRC

Buford

- Bogan Park CRC
- Gwinnett Environmental & Heritage Center
- OneStop Buford

Dacula

Dacula Park Activity Building

Duluth

Shorty Howell Park
Activity Building

Lawrenceville

Rhodes Jordan Park CRC

Lilburn

- Lilburn Activity Building
- Mountain Park Park Depot

Norcross

- Best Friend Park Gym
- Lucky Shoals Park CRC

Stone Mountain

Mountain Park
Activity Building

Suwanee

George Pierce Park CRC

CAMP AIDE INFORMATION

Name: _____ Application date: _____

Address: _____ City: _____ ZIP: _____

Email: _____ Phone: _____

Date of birth: _____ School: _____ Grade: _____

Do you have previous experience as an aide or assistant with another camp program? Yes No

If yes, describe: _____

Have you attended any teen leadership training? Yes No

If yes, describe: _____

List your volunteer experience: _____

Describe any special skill or interest that you could share or teach during camp:

PARENT/GUARDIAN INFORMATION

Parent/guardian name: _____

Email: _____ Phone(s): _____

Address (if different): _____ City: _____ ZIP: _____

Emergency contact: _____

Email: _____ Phone: _____ Relation: _____

Volunteer medical alert/allergies: _____

DATE PREFERENCE (Mark the weeks you prefer to volunteer; there is no camp July 1 – 5)

_____ May 28 – May 31 (not available at Community Recreation and OneStop Centers)

_____ June 3 – 7 _____ June 10 – 14 _____ June 17 – 21 _____ June 24 – 28

_____ July 8 – 12 _____ July 15 – 19 _____ July 22 – 26

_____ July 29 – August 2 (not available at Community Recreation and OneStop Centers)

T-SHIRT SIZE (required; \$21/shirt)

Adult small Adult medium Adult large Adult x-large Adult xx-large

Quantity needed: _____

If accepted as a Camp Aide, I _____ understand that the camp staff depends on me to volunteer for a minimum of two weeks, and I will be required to follow instructions and perform other duties requested by the supervisor. Electronics, including cell phones, cannot be used while volunteering. Gwinnett County Government is not responsible for lost or stolen items. Accepted Camp Aides must complete a background check and fingerprinting as required by the State of Georgia Department of Early Care and Learning.

Camp Aide applicant signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____