



GWINNETT COUNTY
COMMUNITY SERVICES AND PARKS & RECREATION
CAMP AIDE VOLUNTEER APPLICATION

Complete the application and email to CommunityServices@GwinnettCounty.com, Parks@GwinnettCounty.com or drop off at preferred site by April 21. 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 OR GUARDIAN INFORMATION

Parent or guardian name: _____

Email: _____ Phone(s): _____

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

Emergency contact: _____

Email: _____ Phone: _____ Relation: _____

Volunteer medical alert or allergies: _____

DATE PREFERENCE *(Mark the weeks you prefer to volunteer; there is no camp June 30 – July 4)*

_____ May 27 – May 30 *(only available Environmental and Heritage Center)*

_____ June 2 – 6 _____ June 9 – 13 _____ June 16 – 20 _____ June 23 – 27

_____ July 7 – 11 _____ July 14 – 18 _____ July 21 – 25

_____ July 28 – August 1 *(only available Environmental and Heritage Center)*

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 or guardian signature: _____ Date: _____