

CHESHIRE PARKS AND RECREATION-THERAPEUTIC RECREATION
MENTORING APPLICATION FOR SUMMER 2018

Name: _____ Grade entering in the Fall: _____ Gender: _____

Address: _____

Home Phone: _____ Your Cell Phone: _____

T-shirt Size: S M L XL XXL email: _____

Are you a returning mentor? Y N

Help me get to know you:

Have you had any experiences with people with special needs? N Y (if yes, please describe)

Please explain why you're interested in volunteering at TR Camp: _____

Do you know what career you're interested in, if so what would that be and why?

What strengths would you bring to camp? _____

What are some of your hobbies? _____

What is one thing you tried new this year and did you like it? _____

Please list any other camps you attended: _____

If yes, what was the best and worst thing about camp? _____

Which week would you like to volunteer?

___ **6/25-29** 11:45-3:30pm

___ **7/16-20** 11:45-3:30pm

___ **7/2-6** 11:45-3:30pm

___ **7/23-27** 11:45-3:30pm

___ **7/9-13** 11:45-3:30pm

___ **7/30-8/3** 11:45-3:30pm

By signing the below and submitting this application, I certify that I have completed this application myself, answering the questions in my own words and that all the information is true.

Applicants Signature: _____ *Date:* _____