

**CAMP HOLIDAY**  
5833 Allentown Way  
Temple Hills, MD 20748  
301-449-5850

**VOLUNTEER APPLICATION**

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Address** \_\_\_\_\_ **Apt** \_\_\_\_\_

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

**Home #** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Email** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **School** \_\_\_\_\_ **Grade GPA** \_\_\_\_\_

**Church Affiliation** \_\_\_\_\_ **Pastor** \_\_\_\_\_

**Do You Have Previous Volunteer Experience? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**What Age Group Would You Like to Work With? (Circle One or All)**

(Ages 4-6)

(Ages 7-9)

(Ages 10-12)

**What Days are You Available to Work?** \_\_\_\_\_  
(Monday thru Friday)

**What Hours can you work?** \_\_\_\_\_  
(7am to 6pm)

**Which location would you be interested in volunteering North or South location?** \_\_\_\_\_

**Tell me two things you like about volunteering** \_\_\_\_\_

**Name of Parent or Guardian** \_\_\_\_\_

**Work #** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **Email** \_\_\_\_\_

**In Case of Emergency Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Note: Each teen counselor must purchase a t-shirt before they can volunteer. T-shirt cost is**

**\$15.00 Adult: S** \_\_\_\_\_ **M** \_\_\_\_\_ **L** \_\_\_\_\_ **XL** \_\_\_\_\_ **2XL** \_\_\_\_\_

**Makes checks payable to CDC**

**Volunteer Signature** \_\_\_\_\_ **Parents Signature** \_\_\_\_\_