2019 High School Volunteers

Camps Connect is looking for interested volunteers ages 16 to 17 to volunteer a week of their summer at one of our three camps…

CYO Boys Camp, Camp Ozanam, and/or CYO Girls Camp.

**CYO Boys Camp**
Sun. June 30 to Sat. July 6

**Camp Ozanam**
Mon. July 1 to Sat. July 6
Mon. July 8 to Sat. July 13
Mon. July 15 to Sat. July 20
Mon. July 22 to Sat. Jul. 27
Mon. July 29 to Sat. Aug. 3

**CYO Girls Camp**
Sun. July 28 to Sat. Aug. 3

Volunteers mainly help with meal prep and clean-up and get to work with campers during evening programs!

Volunteers will receive “down time” during the day to participate in camp programming and enjoy the atmosphere of summer camp.

Volunteers can also assist with cabin groups.

Archdiocese of Detroit “Called to Serve” training is a requirement for all high school volunteers.

This training will guide, empower and encourage teens to promote and model safe and nurturing behavior while volunteering.

Contact your local Catholic high school or visit www.aod.org for a training schedule.

Gain service hours for school on your own, or invite a friend to join you! Fill those requirements and still have fun doing so in a faith-filled environment. It will be a lot of work and fun as you share your time and talents with the camps. If transportation is a problem you can catch a camp bus that meets in the metro area to bring you to and from camp.

Join us! You CAN make a difference in the lives of campers!

To apply, fill out our volunteer application on page 2.

*check us out at…*

CampsConnect  @camps_connect

If you have any questions or would like more information please contact us!

Camps Connect Office
7303 Walker Rd.
Carsonville, MI 48419
(810) 622-8744
Campssconnect.org
Name: ............................................................................  ........................................................................................

Address: .......................................................................  ........................................................................................

City: ...............................................................................   State & Zip: ...............................................................

Home Phone: ................................................................   Cell Phone: ..................................................................

Email Address: ............................................................  ........................................................................................

Have you ever been arrested for a crime and/or incarcerated?   □ YES   □ NO

Which Camp would you like to volunteer for? □ Boys Camp  □ Camp Ozanam  □ Girls Camp

1st Choice of Week to Volunteer: ................................   2nd Choice: ..................................................................

Are you 16 or older?   □ YES   □ NO   Have you volunteered with us before? □ YES □ NO

REFERENCES:
If you have not volunteered with us before, please list the names and addresses of three people, other than relatives, who have known you for several years (ex.: coach, teachers, counselors, youth ministers). If employed, include the name of your present employer as one reference. These responses will be kept confidential by the Camps Connect Office.

1. Name: ....................................................................    How do you know them? ........................................
    Address: .................................................................................................................................
    City, State, Zip: ..................................................    Phone Number: ........................................................

2. Name: ....................................................................    How do you know them? ........................................
    Address: ...................................................................................................................................
    City, State, Zip: ..................................................    Phone Number: ........................................................

3. Name: ....................................................................    How do you know them? ........................................
    Address: ...................................................................................................................................
    City, State, Zip: ..................................................    Phone Number: ........................................................

STATEMENT OF AGREEMENT:
I am interested in serving as a volunteer with the Camps Connect Summer Camp Programs. I will hold all of the agencies involved in this collaborative blameless if I incur an injury incident/accident during my work/time as a volunteer. As a volunteer, I understand that Camps Connect requires a criminal background check. If I am accepted for the volunteer position I grant my permission for such a check. I also give the Camps Connect Staff permission to contact my references.

Applicant Signature: _______________________________ Date: ____________

Parent/Guardian Signature: ___________________________ Date: ____________

Return this completed form to: Camps Office, 7303 Walker Road, Carsonville, MI 48419 or scan and email to Admin@campsconnect.org