

**2012 CAMP TRINITY  
VOLUNTEER COMPANION APPLICATION**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

CHURCH: \_\_\_\_\_  
HIGH SCHOOL GRADE OR COLLEGE YEAR ENTERING IN FALL OF 2012: \_\_\_\_\_  
AGE: \_\_\_\_\_

**PARENT/FAMILY MEMBER TO CONTACT IN CASE OF AN EMERGENCY**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
TELEPHONE: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_ (Cell) \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

HAVE YOU BEEN A CAMPER/VOLUNTEER/CIT AT CAMP TRINITY OR ANOTHER CAMP BEFORE? IF YES, WHAT CAMP AND WHAT YEAR? \_\_\_\_\_  
\_\_\_\_\_

Have you worked with the Camp for persons with developmental or physical disabilities?  
\_\_\_\_\_  
\_\_\_\_\_

List year(s) \_\_\_\_\_ Any other camp? \_\_\_\_\_

**EXPERIENCE WITH CHILDREN:**

I have \_\_\_\_\_ younger brother(s), age(s) \_\_\_\_\_  
and/or \_\_\_\_\_ younger sister(s) age(s) \_\_\_\_\_

List experience in providing care:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How comfortable do you think you will be as a companion to older persons (20-45) with developmental or physical disabilities?

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Have you ever lived or worked with persons with developmental or physical disabilities? If yes, please explain:

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Have you served at a summer camp for persons with disabilities?  
Where? \_\_\_\_\_

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Please give some reasons why you want to be a Companion. \_\_\_\_\_

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**GENERAL SKILLS:** List experience or training in a specific field that you think would be helpful in working with persons with developmental or physical disabilities: \_\_\_\_\_

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SPECIFIC SKILLS OR INTERESTS: Please indicate areas in which you have ability, knowledge, or a high degree of interest and ability.

Swimming\_\_\_\_\_ Sailing\_\_\_\_\_ Dance\_\_\_\_\_ Drama\_\_\_\_\_ Music\_\_\_\_\_

Arts & Crafts\_\_\_\_\_ Life Saving \_\_\_\_\_ Instruments\_\_\_\_\_ : I Play\_\_\_\_\_

Other(s):\_\_\_\_\_

NO DRUGS, ALCOHOL, OR FIREARMS ARE PERMITTED AT TRINITY CENTER. I WILL ABIDE BY THIS POLICY AND ALL OTHER RULES AS STATED BY THE SESSION DIRECTORS. I UNDERSTAND THAT I WILL HAVE PRIMARY RESPONSIBILITY FOR ONE OR MORE CAMPERS 24-HOURS-A-DAY FOR THE FULL CAMP SESSION.

Applicant's Signature

\_\_\_\_\_

Priest's Signature

\_\_\_\_\_

(Indicates a recommendation of this applicant)

ALL WHO ARE SELECTED TO BE VOLUNTEERS WILL BE AT LEAST 16 YEARS OLD OR HAVE COMPLETED THE 10<sup>TH</sup> GRADE. THERE IS NO FEE FOR VOLUNTEERS WORKING AT THIS CAMP SESSION.

**DEADLINE FOR APPLICATIONS - MARCH 30, 2012.**

FOR QUESTIONS CONTACT:

Mary Beth Gay  
Director, Camp Trinity  
P.O. Drawer 380  
Salter Path, NC 28575  
252-247-5600

**APPLICANT WILL BE NOTIFIED IN APRIL IF ACCEPTED TO SERVE ON STAFF.**