

Carroll County Sheriff's Office

YOUTH CAMP HELPERS APPLICATION

Please Print Clearly! Each helper must have their own form.

FILL OUT ALL INFORMATION OR APPLICATION WILL NOT BE ACCEPTED.

NAME: _____ SEX: _____ AGE: _____

MAILING ADDRESS: _____ DATE OF BIRTH: __/__/__

CITY / ZIP: _____ HOME PHONE: _____ CELL: _____

CHILD'S SCHOOL: _____ GRADE: _____

PARENT / GUARDIANS NAME: _____ RELATIONSHIP TO CHILD _____

WORK PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT OTHER THAN PARENT

NAME: _____ RELATIONSHIP: _____

CELL PHONE: _____ ANY OTHER PHONE: _____

T-SHIRT SIZE- __YS __YM __YL __AS __AM __AL __AXL __AXXL **Can Child Swim? __Yes __No**

HAVE YOU EVER **HELPED** AT CAMP BEFORE? _____ IF SO HOW MANY YEARS _____

WHATS DAYS CAN YOU HELP? __ MON __ TUE __ WED __ THUR __ FRI __ ALL WEEK

HELPERS WILL ATTEND FROM 7:30 A.M. UNTIL 4:45 P.M EXCEPT ON FRIDAY AND IT WILL END AT 7PM

Due to the large amount of teenagers that want to be helpers we had to start a application process in order to help. Each application that we receive will be looked at by that child's school resource officer and determined if they are eligible based on their grades, discipline and school involvement. The ones that are approved will then be forwarded to the camp coordinators for final approval. Not everyone that applies will be accepted. Please include with your application a half of a page written by you, the child, as to why you want to be a helper at this year's camp.

CHILD SIGNATURE

PARENT / GUARDIANS