



New York Service for the Handicapped  
**CAMP OAKHURST**

**Please submit completed application by May 19, 2017 to:**

*By Mail: 111 Monmouth Road, Oakhurst, New Jersey 07755*

*By fax to: 732-531-0292*

*By Scan/Email to: volunteer@nysh.org*

*Please call 732-531-8607 with questions.*

**SUMMER CAMP VOLUNTEER APPLICATION**

Date \_\_\_\_\_

Volunteer Applicant's Name \_\_\_\_\_

Volunteer Applicant Address \_\_\_\_\_

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

Volunteer Applicant Daytime Phone \_\_\_\_\_ Applicant Date of Birth \_\_\_\_\_

Volunteer Applicant Email Address \_\_\_\_\_

Parent Name(s) if under age 18: \_\_\_\_\_

Parent Cell Phone Number(s) if under age 18: \_\_\_\_\_

Educational Background (include most recent school attended, years attended and graduation date (or expected graduation date):

\_\_\_\_\_  
\_\_\_\_\_

See attached **Volunteer Shift Schedules** for options for volunteering this summer. Please complete the **Schedules** form and submit with this application about your availability at this point – you will have an opportunity to adjust your schedule preferences again prior to the summer.

Describe any previous experience with caring for or interacting with children and/or children with special needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List here any special interests or skills in activity areas including arts/crafts, music, drama, media arts (iPad-based), swimming, cooking, nature studies and sports.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** All volunteer applicants must provide one non-family member adult reference (teacher, guidance counselor, coach, job or volunteer supervisor, etc.) and must bring with them to the in-person interview either the letter of reference or the contact information for a phone reference.