

Bedford Parks & Recreation Department
124 Ellenwood Avenue, Bedford, Ohio 44146
Phone: (440) 735-6570
www.Bedfordoh.gov



SUMMER DAY CAMP COUNSELOR-IN-TRAINING & YOUTH SERVICE VOLUNTEER APPLICATION

Date _____

Name _____

Address _____

City _____ Zip Code _____

Phone _____ Email _____

Birthdate _____ Grade _____ School _____

Parent/Guardian Full Name _____

Parent Phone _____

What are your hobbies/interests? _____

Please list the extracurricular activities in which you participate? _____

Have you ever participated in a Bedford Parks & Recreation youth activity? Yes No

If yes, list program(s): _____

Have you volunteered in the past? Yes No

If yes, list experience: _____

Briefly list your personal strengths that will help you in this volunteer program: _____

What do you hope to learn from this volunteer experience? _____

Personal References

List three personal references, not related to you, who have knowledge of your character, personality and general ability. At least one must be a teacher.

Name	Phone/Email	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Are you applying for the Youth Engaged in Service (YES) Program? Yes No

Are you applying for the Counselor-In-Training (CIT) Program? Yes No

Are you able to attend camp in-service training June 3–5? Yes No

Are you available daily Monday – Friday, 9:00am – 4:00pm? Yes No

Are you able to volunteer Session 1, June 8 – July 2? Yes No

Are you able to volunteer Session 2, July 6 – 31? Yes No

Do you have reliable transportation to camp? Yes No

Student Signature _____ Date _____

Parent Signature _____ Date _____