

# Town of Clinton Recreation Department

## 2025 Summer Camp Volunteer Registration

- Please check the week(s) you are available to volunteer.
- Camp runs from **9 AM-4 PM** Monday - Friday each week.
- You must be at least 15 years old to volunteer

Week #	Date	Available to volunteer
Week 1	July 7 - July 11	
Week 2	July 14- July 18	
Week 3	August 4 - August 8	
Week 4	August 11 - August 15	



**Your Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School you attend: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Parent / Guardian Name:** \_\_\_\_\_

Parent Phone # \_\_\_\_\_

Parent email \_\_\_\_\_

Please describe your experience working with children and/or supervising summer camps:

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Personal Reference #1: \_\_\_\_\_ Phone# \_\_\_\_\_

Personal Reference #2: \_\_\_\_\_ Phone# \_\_\_\_\_

Personal Reference #3: \_\_\_\_\_ Phone# \_\_\_\_\_

\* Please let people know that you have listed them as a reference. The Department of Health requires us to contact all of your references.