

Town of Clinton Recreation Department 2024 Summer Camp Volunteer Registration

Please check the week(s) you are available to volunteer. Camp runs from **9AM-4PM** Monday - Friday each week.

Week #	Date	Available to volunteer
1	July 8-12	
2	July 15-19	
3	August 5-9	
4	August 12-16	

Your Name: _____

Date of Birth: _____

Volunteer Cell # _____

Parent / Guardian Name: _____

Parent Phone # _____

Home Address: _____

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

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.