



OUR LADY OF GUADALUPE SUMMER CAMP



Summer Camp Volunteer Application Form

Name: _____

Address: _____

Date of Birth: _____ Age: _____

Current School: _____ Grade (September 2026): _____

Phone Number: _____ T-Shirt Size: _____

Email Address: _____

Please list experience/interest for working at OLG Summer Camp:

Do you have any school required volunteer hours? Please Circle: yes or no

If so, how many? _____

Are you available for the entire program (Monday- Friday, 9:00am - 3pm) from July 6th through August 14th? Please Circle: yes or no

If no, what dates are you unavailable? _____

Agreement

By signing below, I agree to abide by all camp policies, safety guidelines, and behavioral expectations. I will represent the camp in a positive and professional manner and prioritize the safety and well-being of campers at all times.

Signature: _____

Date: _____