

# SILVER LAKE MENNONITE CAMP VOLUNTEER FORM 2011

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you have any special needs: \_\_\_\_\_

I will: \_\_\_ bring my own accommodation OR \_\_\_ need accommodation for \_\_\_\_\_ people.

Please mark your preference: **DATES**  July3-5  Aug 7 - Aug 13 **POSITION**  Kitchen  
 July 5-9  Aug. 14-20  Maintenance  
 July 10-16  Aug. 21-27  Arts Camp Session Leader  
 July 17- 28  Other \_\_\_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_ Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_

If you are planning to bring children with you who will not be attending camp, please list their names and ages below:

**Please include a completed police records check with this application.**

Return to: *Silver Lake Mennonite Camp, R.R.#1, Hepworth, ON N0H 1P0*