

**2024 CAMP TRINITY
Adventurers Session Volunteer Application**

We are excited that you are interested in serving as a Volunteer with the Adventurers session of Camp Trinity. Adventurers camp works to bring together people of diverse abilities through the camp experience. This session invites volunteers and campers alike to find common ground and build friendships that last a lifetime.

Each Adventurers camper is paired with a volunteer who assists the camper with special needs with all the activities of camp. Volunteers are paired with a camper based on their personal skill with the specific needs of the camper. Needs will vary from camper to camper, but each volunteer will take part in training with the Camp Directors, Session Doctors and Nurses prior to the beginning of the session. This training is designed to help volunteers better understand how to meet the needs of their camper.

Volunteers must have completed the 10th grade by the time of the camp session. Complete **ALL** information, sign, and return to the camp office. There is no fee for this camp session as you are serving in a volunteer position. Please submit registrations by **MARCH 20, 2024** since we can only finish accepting campers when we have volunteers completely confirmed. Thank you!

NAME: _____
ADDRESS: _____
CITY: _____ STATE _____ ZIP CODE: _____
TELEPHONE: _____
EMAIL ADDRESS: _____

CHURCH: _____
HIGH SCHOOL GRADE OR COLLEGE YEAR ENTERING IN FALL OF 2024: _____
AGE: _____

PARENT/FAMILY MEMBER TO CONTACT IN CASE OF AN EMERGENCY

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: (Day) _____ (Night) _____ (Cell) _____
EMAIL ADDRESS: _____

Have you been a camper/volunteer/CIT at Camp Trinity or another camp before? If yes, what camp and what year?

If no, how did you hear about Camp Trinity and Adventurers Camp? _____

Have you worked with the Camp for persons with developmental or physical disabilities?

List year(s) _____ Any other camp? _____

EXPERIENCE WITH CHILDREN:

I have _____ younger brother(s), age(s) _____
and/or _____ younger sister(s) age(s) _____

List experience in providing care:

How comfortable do you think you will be as a companion to older persons (20-55) with developmental or physical disabilities?

Have you ever lived or worked with persons with developmental or physical disabilities? If yes, please explain:

Please give some reasons why you want to be a Companion.

GENERAL SKILLS: List experience or training in a specific field that you think would be helpful in working with persons with developmental or physical disabilities:

SPECIFIC SKILLS OR INTERESTS: Please indicate areas in which you have ability, knowledge, or a high degree of interest and ability.

Swimming____ Sailing____ Dance____ Drama____ Music____ Arts & Crafts____
Life Saving (CPR/First Aid/Lifeguard)____ Instruments____: I Play_____

Other(s): _____

NO DRUGS, ALCOHOL, OR FIREARMS ARE PERMITTED AT TRINITY CENTER. I WILL ABIDE BY THIS POLICY AND ALL OTHER RULES AS STATED BY THE SESSION DIRECTORS. I UNDERSTAND THAT I WILL HAVE PRIMARY RESPONSIBILITY FOR ONE OR MORE CAMPERS 24-HOURS-A-DAY FOR THE FULL CAMP SESSION.

Applicant's Signature

Priest's Signature

(Indicates a recommendation of this applicant)

DEADLINE FOR APPLICATIONS - MARCH 20, 2024.

MAIL APPLICATIONS TO:

Camp Trinity Registrar
PO Drawer 380
Salter Path, NC 28575

FOR QUESTIONS CONTACT:

Mary Beth Bradberry
Director, Camp Trinity
252-247-5600

Any applicant that has not served with Adventurers in the past year must include two letters of reference with their applications. Letters may include, but not limited to, volunteer or work history, communication skills, knowledge of the applicants ability to care for others with special needs. Once applications are completed the Camp Office will be in contact with each new applicant for an interview to help with camper/volunteer pairings if necessary.

APPLICANT WILL BE NOTIFIED IN APRIL IF ACCEPTED TO SERVE ON STAFF.