

Teen Summer Camp Volunteer Program



Teen Camp Volunteer Application

Date _____

First Name _____ Last Name _____

Street Address _____

City/State/Zip Code _____

Home Phone _____ Cell Phone _____

Birth Date _____

School Name _____ Grade _____

Are you 14 years of age or older? ___yes ___no

Have you ever been convicted of a felony, i.e. a serious crime? If yes, please describe the nature of the offense and the punishment you received: _____

T-shirt Size: ___S ___M ___L ___XL ___2XL

(Volunteers are required to wear the camp T-shirt provided by Imagination Station.)

Parent/Guardian Information

Parent/Guardian First Name _____ Last Name _____

Work Phone _____ Cell Phone _____

Email _____

Emergency Contact if you are not available: _____

Phone # _____ Relationship _____

Please return completed application to:

Imagination Station
Attn: Aubry Hall
1 Discovery Way
Toledo, Ohio 43604

Teen Summer Camp Volunteer Program



Teen Camp Volunteer Rules and Regulations

We're happy that you are interested in applying to be a Teen Volunteer! All Teen Volunteers represent Imagination Station. We ask that you conduct yourself in a mature manner and live up to the trust placed in you. Please read the following information carefully.

Procedures & Regulations

- Be attentive and friendly to campers, complete your assigned duties and offer to help team members whenever you see a need.
- Be punctual. Team members count on you to arrive on time for your scheduled shift Monday through Friday. If you are ill, please notify your supervisor as soon as possible.
- Sign in upon arrival and sign out upon departure.
- Report to your designated team member at the beginning of your shift.
- Model good behavior and language since you are a role model for younger campers.
- Maintain the confidentiality and privacy of campers.
- Wear the proper shirt/identification required by Imagination Station.
- Adhere to the required dress code. Pants or shorts should be black and not be torn.
- Do not chew gum or eat while on duty unless directed by team members at snack times in appropriate areas.
- Texting and cell phone use is not allowed while volunteering. Cell phones should remain turned off during your shift.
- Leave personal belongings such as cameras, MP3 players, etc. at home. Imagination Station is not responsible for any damaged, lost or stolen items. A locked area will be available for purses, etc.
- Remain in your assigned area. Volunteer counselors should not leave Imagination Station's premises while on duty under any circumstances.
- Assure that you are dropped off and picked up no later than 15 minutes before your shift starts or after your volunteer shift ends.
- Never bring a friend or relative with you while you are volunteering.
- Report any illness or accident while on volunteer duty to your supervisor.
- Adhere to Imagination Station's Drug Free Policy.

Unacceptable behavior which may result in dismissal from the program includes, but is not limited to:

- Violation of Imagination Station's drug-free environment.
- Absenteeism.
- Unbecoming behavior, including but not limited to a negative attitude and unwillingness to follow directions.
- Violation of the dress code.

Teen Summer Camp Volunteer Program



- Evidence of loss of interest in volunteer service, such as leaving your assigned area or not completing assigned tasks.
- Inappropriate language.
- Eating or chewing gum while volunteering.
- Using cell phones or other personal electronic devices while volunteering.

I have read and agree to abide by the above standards and perform all duties assigned to me. I understand that unacceptable behavior may result in disciplinary action or dismissal from the Teen Summer Camp Volunteer Program.

Volunteer Name (Print) _____

Volunteer Signature _____ Date _____

Parent/Guardian:

I understand my support is vital to the success of my child's volunteer experience. I will remind my child of the dress code and appropriate behavior. I will also make sure that my child has transportation and that they are dropped off and picked up promptly. I understand that my child will arrive and be picked up no more than 15 minutes before their shift begins and after their volunteer shift ends. _____ (parent's initial)

I have reviewed the above standards in regard to the Teen Summer Camp Volunteer Program.

Parent Signature _____ Date _____

Parent Daytime Phone Number _____

Teen Summer Camp Volunteer Program



Check the dates, times and camps you prefer:

Teen Volunteers are required to work a minimum of three camps. You must be able to commit to a full week, Monday through Friday. You may select either morning (8:30am - 1pm) or afternoon (1pm - 5:15pm) shifts. For more details about the camp themes, please visit imaginationstationtoledo.org/SummerCamp.

Please select your availability below.

June 10 – 14

Project: Storytime
Campers will be ages 6 – 8
 Morning Shift
 Afternoon Shift

The Science of Magic
Campers will be ages 9 – 13
 Morning Shift
 Afternoon Shift

June 17 – 21

Project: Storytime
Campers will be ages 6 – 8
 Morning Shift
 Afternoon Shift

The Science of Magic
Campers will be ages 9 – 13
 Morning Shift
 Afternoon Shift

June 24 – 28

Project: Storytime
Campers will be ages 6 – 8
 Morning Shift
 Afternoon Shift

The Science of Magic
Campers will be ages 9 – 13
 Morning Shift
 Afternoon Shift

July 1 – 5

Super Splatter Science
Campers will be ages 6 – 8
 Morning Shift
 Afternoon Shift

Game On!
Campers will be ages 9 – 13
 Morning Shift
 Afternoon Shift

July 8 – 12

Super Splatter Science
Campers will be ages 6 – 8
 Morning Shift
 Afternoon Shift

Game On!
Campers will be ages 9 – 13
 Morning Shift
 Afternoon Shift

July 15 – 19

Super Splatter Science
Campers will be ages 6 – 8
 Morning Shift
 Afternoon Shift

Game On!
Campers will be ages 9 – 13
 Morning Shift
 Afternoon Shift

July 22 – 26

Mini Maker
Campers will be ages 6 – 8
 Morning Shift
 Afternoon Shift

Lights, Camera, Science
Campers will be ages 9 – 13
 Morning Shift
 Afternoon Shift

July 29 – August 2

Mini Maker
Campers will be ages 6 – 8
 Morning Shift
 Afternoon Shift

Lights, Camera, Science
Campers will be ages 9 – 13
 Morning Shift
 Afternoon Shift

August 5 – August 9

Mini Maker
Campers will be ages 6 – 8
 Morning Shift
 Afternoon Shift

Lights, Camera, Science
Campers will be ages 9 – 13
 Morning Shift
 Afternoon Shift

If selected as a Summer Camp Volunteer,

you will need to attend one day of training. Please choose your preferred day below.

Friday, May 31
1 - 4pm

Saturday, June 1
9am - 12pm

Teen Summer Camp Volunteer Program



Letter of Reference Form

Please have a teacher, coach or school counselor that you have had within the last two years complete the following Letter of Reference. **Please note: No form letters or letters from family or friends will be accepted.**

Teen Applicant Name _____

Reference Name _____

School Address _____

Email _____ Phone _____

How do you know the Teen Applicant? _____

How long have you known this person? _____

Has the applicant proven to be dependable with regards to schedules? _____

Has the applicant proven to be good at following instructions? _____

Please explain why you feel this applicant would make a good Teen Camp Volunteer at Imagination Station.

Signature _____ Date _____