

## ANN GIBSON SUMMER DAY CAMP

Sponsored by:

SPECIAL KIDS THERAPY

Blanchard Valley Center

[www.specialkidstherapy.org](http://www.specialkidstherapy.org)

E-mail: [care@specialkidstherapy.org](mailto:care@specialkidstherapy.org)

# BE A VOLUNTEER

Looking for something rewarding this summer? Be a volunteer at a summer day camp for children with special health care needs.

### **VOLUNTEER BONUS:**

- Earn volunteer hours for school or projects
- Earn charity volunteer award for resume
- Free t-shirt
- Rewarding experience

### **VOLUNTEER REQUIREMENTS:**

- Complete application
- Commit to one, two, three or four weeks as a camp volunteer
- Complete commitment to earn written validation for volunteer credit, award or camp t-shirt
- Must attend pre-camp training before working at camp – walk on volunteers cannot be accepted

### **CAMP DATES**

- ✓ **WK 1: JUNE 16 – 17 – 18**
- ✓ **WK 2: JUNE 23 – 24 – 25**
- ✓ **WK 3: JULY 21 – 22 – 23**
- ✓ **WK 4: JULY 28 – 29 – 30**
- ✓

(Tuesday – Wednesday - Thursday from 10:00 a.m. to 3:00p.m.)

### **EVENTS THAT MAY BE AVAILABLE AT CAMP:**

- Animals            Music            Dance            Paddle Boats            Swimming
- Art                Fishing            Dining Out            Fitness            Playground
- Visitors such as:            Park District            Policeman            Fireman

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

Special Kids Therapy, Inc. may use my photo for brochures, newsletters, webpage or other publications? (yes or no) \_\_\_\_\_

\_\_\_\_\_ **VOLUNTEER T-SHIRT SIZE**

**I WANT TO VOLUNTEER FOR THE FOLLOWING WEEKS:**

\_\_\_\_\_ **WK1**    \_\_\_\_\_ **WK2**    \_\_\_\_\_ **WK3**    \_\_\_\_\_ **WK4**

**Disclaimer:**

I understand that the potential for accidents does exist. In consideration of acceptance as a volunteer to Summer Camp Day, I indemnify and hold harmless Special Kids Therapy, Inc. and/or its staff or volunteers from any and all liability, claims, damage, injury or illness sustained by applicant). I understand accident insurance is not provided. Should a volunteer require special medical treatment, prescriptions, or hospital care during the camp session, volunteer shall bear the expenses.

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Date

**Send Application To:**

Special Kids Therapy  
Ann Gibson Summer Day Camp  
1333 Lima Avenue  
Findlay, OH 45840

*Application deadline is May 29, 2009*