

**VOLUNTEER APPLICATION**  
**VFW YOUTH CAMP**  
**CAMP DAWSON, KINGWOOD, WV**  
**July 8 – July 14, 2018**

THIS APPLICATION OR QUESTIONS NEED TO BE DELIVERED TO:

**A W Bennett – Youth Camp Director**  
845 Delray Heights Circle  
Delray, WV 26714  
(304) 496-8369 cell  
[alfredwbennett@yahoo.com](mailto:alfredwbennett@yahoo.com)

**KEVIN LIGHT – WV VFW Quartermaster**  
P.O. Box 9431  
or South Charleston, WV 25309  
(304) 768-7514 office  
[vfwqm@frontier.com](mailto:vfwqm@frontier.com)

All applicants must submit to a background and sex offender check to be conducted by a third party.

Initial: \_\_\_\_\_ **AGREE**                      \_\_\_\_\_ **DISAGREE**

Volunteer's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Street                                      City                                      State                                      Zip Code

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name/Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Male      \_\_\_\_\_ Female      VFW Post: \_\_\_\_\_

Birthdate: \_\_\_\_\_ # Years attended VFW Youth Camp: \_\_\_\_\_

What positions are you willing to assist with at the VFW Youth Camp? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Counselor</b>           | <input type="checkbox"/> <b>Jr. Counselor</b>      |
| <input type="checkbox"/> <b>Nurse</b>               | <input type="checkbox"/> <b>Lifeguard</b>          |
| <input type="checkbox"/> <b>Activity Instructor</b> | <input type="checkbox"/> <b>Activity Assistant</b> |

\*Counselors must be 18 or over and will need a recommendation from a VFW or Auxiliary Member if they are not a member themselves. Jr. Counselors must be 16 or older, approved by the Camp Director and will be sponsored by a Counselor. Activity Assistants will be assigned daily as needed.

Special Skills/Training: \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **SIGN:** \_\_\_\_\_