



Camp Adventure

Peer 2 Peer Mentor Volunteer Application*



Application Deadline: May 17, 2019

No applications will be accepted after this date or at the mandatory meeting/training.

*For those students who have completed 10th grade, but have not yet graduated from high school

Please complete all sections, **printing clearly in ink**, before submitting to Debbie Gutierrez, Coordinator of Corporate and Community Education at South Florida State College. Submit to deborah.gutierrez@southflorida.edu or call (863)784-7032.

Last name First name Nickname Email

Mailing Address City State Zip

Cell Phone Number Home Phone Number

High School You Attend Grade next year Date of Birth*

*If you will be 18 on or before **July 26, 2019**, you will have to schedule a background check with SFSC Human Resources. Call (863)784-7248 to schedule an appointment.

Emergency Contact Name Emergency Contact Phone Relationship

Select the Session, morning, afternoon or both, in which you wish to volunteer. You can volunteer for as many sessions as you wish, as long as you can be there all 15 days. **Do not sign up for a program in which you cannot fulfill all 15 days in that particular session.** Place an X in the box next to all the session(s) in which you wish to volunteer (place an X in both boxes if you wish to volunteer for both times in a particular session).

Sessions/Activities	Mornings (8 A.M. – 1 P.M.)	Afternoons (12 – 5 P.M.)
<u>Session 1</u> Week 1 (June 10-14) Week 2 (June 17-21) Week 3 (June 24-28)		
<u>Session 2</u> Week 4 (July 8-12) Week 5 (July 15-19) Week 6 (July 22-26)		

Please list on the line below any limitations/allergies you have that we need to be aware of:

By signing my name on the signature line below, I agree to attend the **mandatory** training session at **1:00 PM on Monday, June 3, 2019** at SFSC, Highlands Campus and agree to commit to at least a three-week session. I will always report to work on time, exhibiting a good attitude and will be a positive role model to Camp Adventure participants. I will actively interact with participants while maintaining a safe atmosphere. I understand that if I fail to adhere to these requirements, I may be dismissed from the program.

Print name (applicant) Signature Date

Parental Consent

By signing below you, the parent/guardian, give permission for your teen to volunteer with Camp Adventure and participate in the various activities during the session(s) for which he/she has signed up. You also agree that you will allow your teen's photograph, picture, likeness, and/or voice to appear in any official documentary, promotion (including any and all advertisements), and television, radio photo shoot or film coverage, without compensation.

Print name (parent/guardian) Signature Date