

Camp Mitre Peak Volunteer Application

Full Name		Date	Date		
Address	City	S	tate	Zip	
Phone Number	E-mail				
Dates Available					
☐ Camp Session 1 June 23 – June 29, 2	<u>2024</u>				
☐ Camp Session 2 June 30 – July 6, 20	<u>24</u>				
☐ Camp Session 3 July 7 – July 13, 202	<u>4</u>				
Do you have resident camp experience?	Yes	No			
If yes, please list your experience					
Are you a current volunteer with GSDSW?	Yes	No			
Have you ever been convicted of a felony?	Yes	No			
If yes, explain					
Occupation	Employer				
Business Address	Phone Nu	mber			
List three persons not related to you who can experience as a volunteer, one reference sho		•		•	
1. Full Name		Relat	ionship _		
Address	City	S	tate	Zip	
Phone Number	E-mail				
2. Full Name		Relat	ionship _		
Address	City	S	tate	Zip	
Phone Number	E-mail				
3. Full Name		Relat	ionship _		
Address	City	S	tate	Zip	
Phone Number	E-mail				
I certify that my answers are true and completed and acquainted with and subscribe to the property a volunteer, I also agree to maintain my Girl responsibilities to the best of my ability.	inciples embodied	in the Girl Scout P with GSDSW and			
Signature	Date				