



Volunteer SAM Summer Camp Application Form

Name (first and Last): _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Home Phone: _____ Cell: _____

Health Card No: _____

School and Grade completed: _____

How did you hear about this volunteer opportunity?

Do you have previous volunteer experience?

Yes No

If yes, details of your volunteer work: _____

Why do you want to volunteer at SAM Summer camp? _____

Special Skills and Talents: _____

Is there anything else about yourself you'd like to share? _____

Please list any courses or activities you have taken or participated in that you think would help you in this placement (e.g. leadership, first aid, ect)

Please indicate the weeks you would like to volunteer: **(MINIMUM 4 WEEKS VOLUNTEERING)**

<input type="checkbox"/> July 4 - 7	<input type="checkbox"/> 8:30 am – 4:30 pm	<input type="checkbox"/> 9:00 – 5:00 pm
<input type="checkbox"/> July 10 - 14	<input type="checkbox"/> 8:30 am – 4:30 pm	<input type="checkbox"/> 9:00 – 5:00 pm
<input type="checkbox"/> July 17 – 21	<input type="checkbox"/> 8:30 am – 4:30 pm	<input type="checkbox"/> 9:00 – 5:00 pm
<input type="checkbox"/> July 24 – 28	<input type="checkbox"/> 8:30 am – 4:30 pm	<input type="checkbox"/> 9:00 – 5:00 pm
<input type="checkbox"/> July 31 – August 4	<input type="checkbox"/> 8:30 am – 4:30 pm	<input type="checkbox"/> 9:00 – 5:00 pm
<input type="checkbox"/> August 7 – 11	<input type="checkbox"/> 8:30 am – 4:30 pm	<input type="checkbox"/> 9:00 – 5:00 pm
<input type="checkbox"/> August 14 – 18	<input type="checkbox"/> 8:30 am – 4:30 pm	<input type="checkbox"/> 9:00 – 5:00 pm
<input type="checkbox"/> August 21 - 25	<input type="checkbox"/> 8:30 am – 4:30 pm	<input type="checkbox"/> 9:00 – 5:00 pm

Note: You must participate in the training/orientation session before volunteering at camp.

Date: Friday, June 30, 2017 from 9:00 am – 1:00 pm.

IF you are enrolled in the SAM summer school program and would like to volunteer please indicate your preferred weeks. Your volunteer time will be scheduled after the end of your summer school day until 4 pm or 5 pm depending on your availability.

Please provide two (2) references we can contact (please make sure you have permission to use these names as a reference):

Reference 1

Name (First and last): _____

Address: _____

Home Phone: _____

Reference 2

Name (First and last): _____

Address: _____

Home Phone: _____

Emergency Contact 1

Name (First and last): _____

Address: _____

Home Phone: _____

Relationship: _____

Emergency Contact 2

Name (First and last): _____

Address: _____

Home Phone: _____

Relationship: _____

SIGNATURE

I _____, agree to volunteer for the duration of the time indicated above. I understand that I must show up at the agreed upon time each day and must remain at the camp until the agreed upon time. If I plan to be away for a scheduled volunteer day, a 24-hour notice must be given via email. I understand that if I skip any volunteer days without given notification my volunteer hour sheet will not be signed at the completion of my volunteer term.

Signature of parent (if volunteer under the age of 18)

Signature of volunteer

Note: Pick up and drop off arrangement of all volunteers must be made in advance.

Please complete and submit to Safa and Marwa Islamic School as soon as possible to secure your placement as a volunteer. Volunteers forms will be received on a first-come first-serve basis. Volunteers with prior experience at SAM Camps will be given priority.

Please send completed form by email to admin@safaandmarwa.ca, mail to 5550 McAdam Road, Mississauga, ON L4Z 1P1 or drop off in person at the school.