



DEPARTMENT OF PARKS AND RECREATION VOLUNTEER OFFICE
LANGSTON BROWN CENTER 2121 N. CULPEPER STREET ARLINGTON, VA 22207
TEL 703-228-4724 FAX 703-228-4877 TTY 711 www.arlingtonva.us

February 9, 2018

Dear Prospective Volunteer:

Thank you for your interest in volunteering with the summer camp program. A Summer Camp Volunteer Application, Volunteer Emergency Record, 3 reference forms, Camp Descriptions, and Frequently Asked Questions documents are attached.

Complete the following steps to apply for a volunteer position with the summer camp program:

1. Complete the enclosed Summer Camp Volunteer Application, Volunteer Information/Emergency Record, and Code of Conduct and return them to me at the above address.
2. Give the reference forms to 3 people who know you, but are not your relatives or close friends. Teachers, people you baby sit or pet sit for, scout leaders, or sports coaches are good references. Your references may return the forms to me either by mail at the address above, by fax at 703-228-4877, or by email to hkihm@arlingtonva.us.
3. You will be contacted to schedule an interview. The interview will last approximately 15 minutes. You will be asked a few questions to see how much you know about what the job involves and about why you want to volunteer. You will also have a chance to ask questions and to let us know where and when you want to volunteer.

Preference for placement at camps is given to returning volunteers. They have until April 1st to notify us of their intent to return, so placement as a new volunteer at a camp cannot be confirmed until after that date. If your parents register you for any camps operated by Arlington County Parks and Recreation, they will receive a refund if you are chosen to volunteer. In order to receive a refund, they must notify the Registration Office that you will be volunteering instead of attending camp.

If you have any questions, please feel free to call me at 703-228-4724 or e-mail me at hkihm@arlingtonva.us

Sincerely,

Hadyn Kihm
Volunteer Program Assistant

**ARLINGTON COUNTY
DEPARTMENT OF PARKS AND RECREATION
VOLUNTEER OFFICE
2121 N. Culpeper Street Arlington, VA 22207**

Telephone: 703-228-4724
Fax: 703-228-4877

Email: hkihm@arlingtonva.us

2018 SUMMER CAMP YOUTH VOLUNTEER APPLICATION

Contact Information

Name		Date of Birth:	Age:
Street Address			
City ST ZIP Code			
Home Phone			
Cell Phone			
Teen's E-Mail Address*			
Parent's E-mail Address			
*Most of our communication is done through e-mail - Please make sure this is an active account that is checked regularly.			
What is the best way to reach you? Email <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/>			
My adult tee shirt size is: Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large <input type="checkbox"/>			

Have you ever volunteered at one of our camps? No Yes - When and Where? _____

Did you attend one of our camps in 2017 as a camper? No Yes - When and Where? _____

Location/Camp preference:

*Returning volunteers receive preference for camp placements

*Please review camp descriptions and the camp catalog before selecting camps

Availability

Days and times you are available to volunteer:

Summer 2018 Sessions: Which weeks are you available for volunteer assignments? (We ask volunteers to work four weeks. New volunteers' first two weeks must be consecutive) Be aware that very few camps take place weeks 1, 9 and 10.			
<input type="checkbox"/> Week 1:	June 25 – June 29	<input type="checkbox"/> Week 6:	July 30 – August 3
<input type="checkbox"/> Week 2:	July 2 – July 6 (no camp Wednesday July 4)	<input type="checkbox"/> Week 7:	August 6 – August 10
<input type="checkbox"/> Week 3:	July 9 – July 13	<input type="checkbox"/> Week 8:	August 13 – August 17
<input type="checkbox"/> Week 4:	July 16 – July 20	<input type="checkbox"/> Week 9:	August 20 – August 24
<input type="checkbox"/> Week 5:	July 23 – July 27	<input type="checkbox"/> Week 10:	August 27 – August 31

(Signature of Volunteer)

(Date)

(over)

Parent/Guardian: Please complete the following:

_____		_____	
(Mother/Guardian's Name)		(Father/Guardian's Name)	
_____	_____	_____	_____
(work phone)	(home phone)	(work phone)	(home phone)

In case of emergency call: _____

(Name)	(Relationship)	(Phone)
--------	----------------	---------

Date of last medical exam: _____ Date of last tetanus shot: _____

Date of last TB screening: _____

Any medication your child is taking or anything else we should know about your child _____

My son/daughter, _____, has my permission to participate as a volunteer for the Department of Parks and Recreation.
(print name)

_____	_____
Signature of Parent/Guardian	Date

Arlington County is committed to providing open and accessible programs to all our residents. If you require a reasonable accommodation (for any physical, intellectual or learning disabilities), please advise us of your request prior to beginning a volunteer work assignment. Please call (703) 228-4730 or TTY (703) 228-4743, with any accommodation requests or questions.

We would like to collect the information below for statistical purposes only. Completing this section is optional.

Check the appropriate blocks: ___ Female ___ Male

Check the block for the racial or ethnic group with which you identify:

___ Caucasian	___ African American	___ Hispanic	___ Multi-ethnic
___ Asian-Pacific Islander	___ American Indian		

SUMMER CAMP VOLUNTEER FREQUENTLY ASKED QUESTIONS

How do I get an application to volunteer at a summer camp?

Applications were sent to returning volunteers by US mail in early February. They will be available online on the Arlington Dept. of Parks & Recreation web site beginning **February 10, 2018**. You can also contact **Hadyn Kihm**, Volunteer Engagement Specialist, at **(703) 228-4724** or hkihm@arlingtonva.us to have an application sent to you or for any other questions you have.

How old do I have to be to volunteer at a summer camp?

You must be at least 13 years old as of May 1, 2018 **and** at least 2 years older than the oldest camper in the program – no exceptions. Therapeutic Recreation camps have higher age restrictions; please see our camp descriptions page for more information.

How long is my commitment?

Volunteers must work 4 weeks. The only exception to this rule is Project FIVE. Most camps are 1 week sessions, if assigned to a camp with a 2-week or longer session, you must commit to the full session. It may be possible to volunteer for more than 4 weeks, depending on the demand for the camp location.

Can I choose where I volunteer?

We ask you for your preference on the application, but can't always guarantee placement. Returning volunteers with good service records are given preference in camp assignments. Volunteers will not be placed where they have brothers/sisters in a camp or in a camp where they were a camper the previous summer.

Can I work at different camps?

Returning volunteers are allowed to volunteer at more than 1 camp location.

What hours will I work?

Volunteers should work the core summer camp hours, but it may be possible to work extended hours only or to come after summer school. Volunteers cannot work more than 8 hours per day – it is against child labor laws.

Do you provide transportation?

Transportation to and from the volunteer location is provided by you, not the county. Walk or bike.

How do I apply?

Returning volunteers must submit an application, emergency record, and signed code of conduct. Applications are accepted as long as there are openings for volunteers; applying earlier in the process will increase your chances of being placed. Applicants that wait until June to submit are rarely able to be placed and will be put on our waiting list.

Returning volunteers must submit their application by April 1, 2018 to receive preference of location.

Arlington residents are given first priority in the selection process.

When will I find out if I am accepted to volunteer?

Our target is to begin notifying returning volunteers in April.

What training do I have to attend?

As a returning volunteer, there is no general volunteer training you must attend. However, several camps provide their own volunteer training. The director will contact you with training dates and times if this is a requirement for your camp. We do ask returning volunteers to read through the 2018 Volunteer Manual to re-familiarize themselves with our policies and procedures.

Job Description

Title:	Summer Youth Volunteer
Summary Of Responsibilities:	Assist Site Director, Assistant Director and counselors in coordination, organizing and providing recreational activities for youth ages 3 – 21.
Duties:	Assist youth in arts and crafts, games, sports, music, drama and outdoor activities. Ensure the safety of program participants at all times. Assist in maintaining organization of site by completing tasks assigned. Follow instructions efficiently and effectively, requiring minimal guidance while completing assigned duties. Take the initiative to assist site staff in daily activities. Maintain a thorough knowledge of all policies and procedures; make sure policies and procedures are followed at all times. Assist in the supervision of youth while on excursions. Maintain positive environment for program participants. Strive to be a positive role model for program participants. Perform other duties as assigned.
Work Environment:	May work both indoors and outdoors in varying types of weather with exposure to noise, dust, sun and insects/bugs.
Require Knowledge, Skills And Abilities:	A desire to work with youth and to interact in a positive manner with children of all ages and abilities. A desire to develop leadership skills, problem solving abilities and decision making skills. Must possess the ability to motivate self and youth in an enthusiastic manner. Must be reliable, honest, creative and willing to follow through on all assigned tasks. Must have reliable transportation to and from camp.
Education, Experience And Qualifications:	Must be at least 13 years old. Must be at least 2 years older than the oldest camp participant (Adventure Quest is the exception). Experience working with youth in areas such as baby-sitting, scouts, church groups, sports or any other volunteer work is preferred. Qualified applicants will possess a clean and professional appearance and attitude.
Work Attire – Volunteer T-shirts	Will receive at least 2 volunteer t-shirts to wear daily while volunteering. New volunteers will receive their shirts at orientation.

Summer 2018 Sessions:	Week 1:	June 25—June 29	Week 6:	July 30 – August 6
	Week 2:	July 2 – July 6 (no camp July 4)	Week 7:	August 6 – August 10
	Week 3:	July 9-- July 13	Week 8:	August 13 – August 17
	Week 4:	July 16 – July 20	Week 9:	August 20 – August 24
	Week 5:	July 23- July 27	Week 10:	August 27 – August 31

Paperwork required for RETURNING volunteers, due no later than June 1, 2018

<input type="checkbox"/> application	<input type="checkbox"/> information/emergency record	<input type="checkbox"/> signed code of conduct
<p>You will be contacted if you need an updated TB screening. The state of Virginia licenses our camp programs and requires that all staff and volunteers provide documentation that they have been screened or had a negative test for TB (tuberculosis) done within the past 2 years. The documentation must include verification of a negative risk assessment or the results of a tuberculin skin test (TST) done within the prior 24 months, and must be signed by a physician, nurse practitioner, registered nurse, or local health department official.</p>		



ARLINGTON
VIRGINIA

DEPARTMENT OF PARKS
AND RECREATION



Summer Camp Volunteer Code of Conduct

I, _____, agree to follow to the best of my ability the policies of Arlington County and the Arlington County Summer Camp Volunteer program.

I understand that my role as a volunteer is to support the Summer Camp staff and keep campers safe while they are at summer camp. My service is at the discretion of the Department of Parks and Recreation.

As a volunteer, I will treat everyone with respect, patience, courtesy, dignity, and consideration. I will use positive reinforcement when working with children and/or youth. I will uphold a professional manner when volunteering at camp.

I understand that my choice of clothing reflects my level of maturity as well as respect for the campers, staff and the summer camp program. I will make appropriate clothing choices during my volunteer service.

I understand that I may not use a cell phone or other recording device to reproduce or upload to social media the image or name of any summer camp participant or staff, or any other volunteer without their consent.

I understand that the following behaviors are not acceptable:

- Intentional verbal abuse including teasing/taunting, harassment and/or profane language
- Inappropriate or unwanted physical contact of any kind including touching, hitting, or fighting
- Intentional damage to property
- Possession of weapons or objects that could be construed as weapons
- Any action which exposes participants, staff or other volunteers to danger
- Consistent disregard of summer camp program procedures

I understand that my failure to comply with the aforementioned policies may result in my suspension from the day's activities, consideration for transfer to another camp, or dismissal from the Summer Camp Volunteer program depending on the severity of the misconduct.

Volunteer Signature _____

Date _____

Parent Signature _____

Date _____

Note: If you have any problems on the job, you should talk with your supervisor, camp director, other staff, the volunteer coordinator, and/or your parents about it. These policies are in place not only to keep campers safe, but to keep you safe as well. We want you to have a great summer camp experience!

volunteer information/emergency record

Volunteer's Name _____ Nickname _____

Gender _____ Birth date ____ / ____ / ____ Age _____

Street Address _____ City _____ State _____ Zip _____

School volunteer attends _____ Language spoken at home _____

Volunteer's physician _____ Phone Number _____

Father/Guardian's Name _____ Place Employed _____

Home Phone Number (____) _____ Work Phone Number (____) _____ Cell Phone Number(____) _____

Mother/Guardian's Name _____ Place Employed _____

Home Phone Number (____) _____ Work Phone Number (____) _____ Cell Phone Number (____) _____

Parent/Guardian with legal custody of child _____

Home address (if different from child) _____

Name & address of first person to contact (if parent/guardian cannot be reached) _____

Relationship to child _____ Phone Number(____) _____

Name & address of second person to contact (if parent/guardian cannot be reached) _____

Relationship to child _____ Phone Number (____) _____

Persons authorized to pick up child from camp: _____

Persons not authorized to pick up child from camp: _____
 (attach copy of divorce decree or other appropriate paperwork if parent is not allowed to pick up child)

Information & characteristics	Yes	No	Explanation and comments
Allergies	0	0	_____
Medications	0	0	Type & Dosage: _____
Seizures	0	0	_____
Dietary Restriction	0	0	_____
Physical limitations/restriction	0	0	_____
Chronic conditions/illnesses	0	0	_____
Any unusual fears	0	0	_____
Easily Upset	0	0	_____
Physically Aggressive	0	0	_____
(Includes difficulty controlling temper)			
Withdrawn, Shy	0	0	_____
Hyperactive	0	0	_____

Please list any needed special assistance or accommodations: _____

AGREEMENT TO RELEASE ASSUMPTION OF RISK, AGREEMENTS TO HOLD HARMLESS

The undersigned is aware that there are certain risks involved in participating in the Summer Camp Program including but not limited to the risk of theft or damage to my property and the risk of personal injury from participation in the program activities. In consideration of my being granted permission to participate in these activities and to use the facilities of the County and/or other activities and services provided by Arlington County Department of Parks, Recreation and Cultural Resources, its agents and employees, including food service, I, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify the County and all its officers, departments, agencies, and employees from any and all claims, lessees, damages, injuries, fines, penalties, and costs (including court costs and attorney's fees), charges, liabilities, or exposures, however caused, resulting from or arising out of or in any way connected to my or my family's participation in the Summer Camp Program. I have read and understand this Hold Harmless Agreement and by my signature agree to its terms. I hereby give my child/ward permission to go on the field trips during this program. I understand that I will be informed in advance of any field trips. The camp agrees to notify the parent/guardian whenever the volunteer becomes ill and the parent/guardian will arrange to have the volunteer picked up as soon as possible. The parents/guardian authorizes the Camp to obtain immediate medical care if an emergency occurs when he/she cannot be reached immediately. If my child passes an intermediate or advanced swimming competency test administered by the pool staff, then he/she has my permission to swim in the deep end and the shallow end of the pool.

Parent/Guardian Signature _____ Date _____

PHOTO RELEASE

I hereby give my permission without restriction to Arlington County and its assignees to photograph or videotape my child during participation in the Summer Camp Program. I specifically waive any rights to compensation with respect to my child's name, likeness, picture and/or voice. The purpose of this release is to facilitate publicity for County programs.

Parent/Guardian Signature _____ Date _____

Is a Therapeutic Recreation (TR) camp the right place for me to volunteer? Some things to consider before requesting placement at a TR camp this summer.

Arlington County maintains a philosophy of inclusion whereby individuals with disabilities are welcome to register for any program or camp. We also manage several camps specifically for individuals with disabilities. The descriptions for these camps can be found in the Summer Camp Catalog.

What is a TR camp?

Camps for individuals with disabilities are specifically designed for campers with physical, emotional, social or developmental disabilities. Staff take into account the abilities of campers in designing and implementing games and activities. In our inclusion philosophy and practice, individuals with disabilities participate and play with their peers.

What does it take to work with individuals with disabilities?

Working in a TR camp does not require extra-human qualities. What it does require is compassion and a desire to make summer fun for individuals with disabilities.

What sorts of camper am I likely to meet as a volunteer?

Each camp is different, and each camper is different! The best way to approach working at a TR camp is with a commitment to respect every camper and allow them to make choices and presume competence.

What will some of my responsibilities be?

These will be the same responsibilities as any other camp- you just may have to perform them with more patience and attention. As you become more comfortable with the campers, you will learn how to work with them so that everyone has a good time.

Can I work at a TR camp if I've never worked with individuals with disabilities before?

Volunteers who plan to work at a Therapeutic Recreation camp are being asked to attend additional TR-specific trainings which will be scheduled closer to the start of camp. These trainings are highly encouraged as volunteers will be more equipped with more tips and techniques to work with the campers prior to the start of summer. All that is required is a desire to help individuals with disabilities learn new things and have fun.

Is there an age requirement?

Due to the specialized nature of each of our summer camps we may have specific ages that would be best suited for each camp program. Younger volunteers may be asked to work with our younger age groups. Inquire with the Therapeutic Recreation Office for more information about each of the TR summer camp programs and the specific age requirements.

The difference you make during the summer in the lives of individuals with disabilities will be an experience you will cherish for a lifetime. Please consider whether you will be able to provide a fun, safe summer camp experience for individuals with disabilities. If interested, please request a TR camp on your application. Volunteers will not be placed at a TR camp without their expressed approval.

Arlington County Department of Parks and Recreation Camps

Please consider the camp type and the age range of campers when listing your camp preferences. All camp sessions are one week long unless noted. All camps are inclusive of children with disabilities, while Therapeutic Recreation camps specifically cater to campers with disabilities. ****Locations subject to change; please check catalog updates on the Parks and Recreation website****

Adventure Quest: This camp is designed for young adults with intellectual and developmental disabilities. Located at Reed School. Ages 12-21.

Art Explorers: This half-day camp will give young artists an opportunity to experiment with art materials and explore artworks throughout history and from around the globe. Located at Arlington Mill CC. Ages 5-8.

Camp Discovery: This specialized camp is designed for youth with intellectual and developmental disabilities. Located at Patrick Henry ES. Ages 6-11.

Creative Arts: Campers spend their days experimenting with a variety of art materials and techniques. Sessions are two weeks long. Located at Madison (Ages 5-8) and Fairlington CC (Ages 8-11).

Gymnastics: Children enjoy a variety of gymnastics and movement exercises. Camp is full-day for weeks 1-7, half-day for weeks 8,9. Located at Barcroft. Ages 5-8.

Little Explorers: This program (formerly Tot Camp) provides a fun, social environment for preschoolers. Located at Carlin Hall, Fairlington, Jamestown, Langston and Madison. Ages 3-5.

Mobile Van in the Parks: We offer lively sports and fitness, arts & crafts, and enjoyable events for the whole family at this drop-in evening program. Check the catalog for each day's location.

Gulf Branch Nature Center: Invertebrate Investigations (weeks 1,2; Ages 7-9), Nature Camp Classic (weeks 5,6; Ages 5-6)

Long Branch Nature Center: Nature's Senses (weeks 1,2; Ages 5-6) Wild Science (weeks 3,4; Ages 7-9) Gone Fishing (week 5; Ages 9-12)

Fort CF Smith: Civil War Soldier (week 3; ages 7-9), A Soldier's Life (week 4; ages 10-12), Civil War Spy (week 5; ages 7-9), A Spy's Life (week 6, ages 10-12).

Project FIVE: Volunteers pair up with a peer buddy with a disability to engage in service learning. Sessions are two weeks long. Located at Thomas Jefferson MS. Ages 13-21.

Summerfest: This classic camp for elementary children offers full days of high-energy fun designed around a creative weekly theme. Located at Patrick Henry ES, Ashlawn ES and Oakridge ES. Ages 4-11.

Summer Expedition: Participants will enjoy a variety of activities including sports, games, music, and arts and crafts. Located at Barrett ES, Carver CC and Langston CC. **Ages 4-10.**

Wellness Warriors: This brand new camp focuses on nutrition education, healthy farm-to-table cooking, farm visits, grocery store tours. In addition to assisting with all camp activities, volunteers are required to model healthy food choices.

CHILD AND YOUTH TUBERCULOSIS SCREENING CERTIFICATE

TO BE COMPLETED BY HEALTH CARE PROVIDER
(EL PROVEEDOR MÉDICO DEBE COMPLETAR ESTE FORMULARIO)

1. Does child/youth have any of the following symptoms?

___ Cough >3 weeks ___ Unexplained fever ___ Night sweats ___ Unexplained weight loss

- No to all → Go to question #2
 Yes to any → Evaluate symptoms

2. Has the child/youth ever had a positive (+) Tuberculosis Skin Test (TST)?

- No → Go to question #3
 Yes → Confirm that child/youth was appropriately evaluated, i.e., had a documented negative x-ray and treatment for latent TB infection was recommended

3. Ask all the following **risk assessment** questions and check the box if the answer is YES*

- a. Was the child born in a high risk country?*** (If yes, plant only if no prior TST)

Since the child/youth's last Risk Assessment or last negative TST:

- b. Has the child/youth traveled in (≥1 week) a high-risk country?*** (If yes, plant TST at least 10 weeks after return from travel.) TST will be due _____
c. Has the child/youth lived in (≥3 months) a high risk country?***
d. Has a household member or close contact of the child/youth had tuberculosis disease?
e. Has a household member or close contact of the child/youth had a positive TST?
f. Has the child/youth been a resident of a shelter, prison, or jail?
g. Has a close contact of the child/youth been a resident or employee of a shelter, prison, jail, nursing home or assisted living facility?

CONTINUE ONLY IF CLIENT IS < 6 YEARS OF AGE:

- h. Was a parent or guardian of the child born in a high risk country?*** (If yes, plant only if no prior TST)
i. Has the child had household or close contact with people (e.g., a babysitter) from a high risk Country?***

***If yes to any of questions 3a – i, plant TST and read at 48-72 hours**

****High risk countries = Countries other than the US, Canada, Australia, New Zealand, or in Western Europe**

If desired, clip along dotted line and give portion below to parent for child's school.

CERTIFICATE OF TB SCREENING

Name of child/youth: _____ DOB _____ School _____

___ Risk factor identified, TST placed on _____ TST results _____ mm Date TST read _____

___ Prior documented (+) TST, no TST planted

___ No risk factors identified, no TST needed



ARLINGTON
VIRGINIA

Physician's or RN's signature

Date _____

Physician's stamp & address here:



Public Health
Prevent Promote Protect

**ARLINGTON COUNTY, VIRGINIA
DEPARTMENT OF PARKS AND RECREATION
Volunteer Office
2121 N. Culpeper Street, Arlington, Virginia 22207
Telephone: 703-228-4724 Fax: 703-228-4877
E-mail: hkihm@arlingtonva.us**

REQUEST FOR REFERENCE

Instructions:

Camp Applicant: Please fill in your name below, and give this form to someone who knows you (e.g., teachers, people you baby sit or pet sit for, scout leaders, or sports coaches). Please do not use relatives or close friends.

Applicant's Full Name (print please): _____

The above individual is applying to volunteer with the Department of Parks and Recreation summer camp program. Please assess this person on his/her abilities in the following areas, and send the completed form to the Volunteer Office at the address above. Thank You!

Initiative _____

Dependability _____

Working with Children _____

Working with Adults _____

Leadership _____

Enthusiasm _____

Communication _____

Flexibility _____

Maturity _____

How long and in what capacity have you known the applicant?

Do you know any reason why this applicant should not be working with children?

Yes _____ No _____ If yes, please explain.

Additional Comments (please use the other side or additional sheet if necessary):

(Signature of reference and title)

(Date)

**ARLINGTON COUNTY, VIRGINIA
DEPARTMENT OF PARKS AND RECREATION
Volunteer Office
2121 N. Culpeper Street, Arlington, Virginia 22207
Telephone: 703-228-4724 Fax: 703-228-4877
E-mail: hkihm@arlingtonva.us**

REQUEST FOR REFERENCE

Instructions:

Camp Applicant: Please fill in your name below, and give this form to someone who knows you (e.g., teachers, people you baby sit or pet sit for, scout leaders, or sports coaches). Please do not use relatives or close friends.

Applicant's Full Name (print please): _____

The above individual is applying to volunteer with the Department of Parks and Recreation summer camp program. Please assess this person on his/her abilities in the following areas, and send the completed form to the Volunteer Office at the address above. Thank You!

Initiative _____

Dependability _____

Working with Children _____

Working with Adults _____

Leadership _____

Enthusiasm _____

Communication _____

Flexibility _____

Maturity _____

How long and in what capacity have you known the applicant?

Do you know any reason why this applicant should not be working with children?

Yes _____ No _____ If yes, please explain.

Additional Comments (please use the other side or additional sheet if necessary):

(Signature of reference and title)

(Date)

**ARLINGTON COUNTY, VIRGINIA
DEPARTMENT OF PARKS AND RECREATION
Volunteer Office
2121 N. Culpeper Street, Arlington, Virginia 22207
Telephone: 703-228-4724 Fax: 703-228-4877
E-mail: hkihm@arlingtonva.us**

REQUEST FOR REFERENCE

Instructions:

Camp Applicant: Please fill in your name below, and give this form to someone who knows you (e.g., teachers, people you baby sit or pet sit for, scout leaders, or sports coaches). Please do not use relatives or close friends.

Applicant's Full Name (print please): _____

The above individual is applying to volunteer with the Department of Parks and Recreation summer camp program. Please assess this person on his/her abilities in the following areas, and send the completed form to the Volunteer Office at the address above. Thank You!

Initiative _____

Dependability _____

Working with Children _____

Working with Adults _____

Leadership _____

Enthusiasm _____

Communication _____

Flexibility _____

Maturity _____

How long and in what capacity have you known the applicant?

Do you know any reason why this applicant should not be working with children?

Yes _____ No _____ If yes, please explain.

Additional Comments (please use the other side or additional sheet if necessary):

(Signature of reference and title)

(Date)