

Winnipeg Beach Day Camp  
**VOLUNTEER APPLICATION FORM**

Complete Your Volunteer Application:

- Volunteer Application Form
- Parental Consent Form (for volunteers under age 18)
- Volunteer Code of Conduct

Please print and submit your completed application forms to:

**WBDC c/o Jacqui Cohen**  
**944 Queenston Bay**  
**Winnipeg, MB**  
**R3N 0Y2**

**Or:**

**Email:** [winnipegbeachdaycamp@hotmail.com](mailto:winnipegbeachdaycamp@hotmail.com)

At the Beach? Deliver your form to the Director onsite at Winnipeg Beach Day Camp. Corner of Prospect Street and Park, Winnipeg Beach.

**Applicant Information:**

Full Name: \_\_\_\_\_

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

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

(Cell) \_\_\_\_\_

Email:\_\_\_\_\_

Birthdate: \_\_\_\_\_

Grade Level Completed:\_\_\_\_\_

Special Training or Certifications:\_\_\_\_\_

\_\_\_\_\_

Valid Drivers License:\_\_\_\_\_ (this is not required, but let us know if you have one)

Languages Spoken:\_\_\_\_\_

**Emergency Contact:**

1. Name:\_\_\_\_\_

Phone Number:\_\_\_\_\_ Cell:\_\_\_\_\_

**IMPORTANT:** Do you have any allergies? Do you require an epi-pen? If so, where do you keep it?

\_\_\_\_\_

\_\_\_\_\_

Do you have asthma? Do you carry medication for it?

\_\_\_\_\_

Any other health or medical concerns that we should be aware of?

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Doctor's name: \_\_\_\_\_

Doctor's phone number: \_\_\_\_\_

**Why do you want to volunteer at Winnipeg Beach Day Camp?**

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**Do you have any previous volunteer experience? Please List:**

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**Please tell us about your hobbies, skills and interests.**

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How did you hear about volunteering for Winnipeg Beach Day Camp?

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All of the information given is true to my knowledge.

Print Name:\_\_\_\_\_

Date:\_\_\_\_\_

Signature:\_\_\_\_\_