



CAMP-YA-GOTTA-WANNA BIG BUDDIES PROGRAM APPLICATION

APPLICANT INFORMATION

Name: _____ Phone Number: _____

Address: _____

Email Address: _____

Date of Birth: _____

Signature: _____ Date: _____

I agree to fulfill the time commitments as indicated on this document to the best of my ability. If I am unable to fulfill the commitment, I will provide adequate notice of a 1-week in advance.

2025 CAMP HOURS

Please select all dates that you will be volunteering with CYGW this summer. Hours of volunteering will be offered from 12:30pm – 4:00pm each day of Camp.

<u>Week 1: (June 17 – 19)</u>	_____ Tuesday	_____ Wednesday	_____ Thursday
<u>Week 2: (June 24 – 26)</u>	_____ Tuesday	_____ Wednesday	_____ Thursday
<u>Week 3: (July 1 - 3)</u>	_____ Tuesday	_____ Wednesday	_____ Thursday
<u>Week 4: (July 8 - 10)</u>	_____ Tuesday	_____ Wednesday	_____ Thursday
<u>Week 5: (July 15 – 17)</u>	_____ Tuesday	_____ Wednesday	_____ Thursday
<u>Week 6: (July 23 – 25)</u>	_____ Tuesday	_____ Wednesday	_____ Thursday
<u>Week 7: (July 29- 31)</u>	_____ Tuesday	_____ Wednesday	_____ Thursday
<u>Week 8: (August 5 – 7)</u>	_____ Tuesday	_____ Wednesday	_____ Thursday

PARENT/GUARDIAN ACKNOWLEDGEMENT

I give permission for _____ to serve as a Big Buddy for the Village of Maple Bluff's Camp-Ya-Gotta-Wanna program indicated above on the stated days and hours.

I understand that this position will make a valuable and needed contribution to our community. I understand there will not be compensation for the volunteer position. I understand that the CYGW Staff, including the Director, will not be held responsible if your child fails to show up on a date indicated above. Finally, due to the nature of this volunteer position working with youth, I understand my child will undergo a criminal background investigation, which will include a criminal history and sex offender registry.

Parent/Guardian Signature: _____ Date: _____

Parent Name: _____

Parent Phone Number: _____