



BIG BUDDY APPLICATION
CAMP-YA-GOTTA-WANNA

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.

2026 CAMP HOURS

Please select all dates that you will be volunteering with Camp-Ya-Gotta-Wanna this summer. Hours of volunteering are from 12:45pm – 4:15pm, unless specifically discussed with Camp Director.

<u>Week 1: (June 16 – 18)</u>	_____ Tuesday	_____ Wednesday	_____ Thursday
<u>Week 2: (June 23 – 25)</u>	_____ Tuesday	_____ Wednesday	_____ Thursday
<u>Week 3: (June 30 – 02)</u>	_____ Tuesday	_____ Wednesday	_____ Thursday
<u>Week 4: (July 07 – 09)</u>	_____ Tuesday	_____ Wednesday	_____ Thursday
<u>Week 5: (July 14 – 16)</u>	_____ Tuesday	_____ Wednesday	_____ Thursday
<u>Week 6: (July 21 – 23)</u>	_____ Tuesday	_____ Wednesday	_____ Thursday
<u>Week 7: (July 28 – 30)</u>	_____ Tuesday	_____ Wednesday	_____ Thursday
<u>Week 8: (August 4 – 6)</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 comprehensive background investigation.

Parent/Guardian Signature: _____ Date: _____

Name: _____ Phone Number: _____