



VOLUNTEER APPLICATION FORM

buspvolunteer@bodwell.edu | ☎ 1-604-998-3200 | 📠 1-604-998-1150 | summer.bodwell.edu

PERSONAL INFORMATION

Family Name / Surname				Given Name				English Name (if applicable)			
Sex		Date of Birth (yyyy/mm/dd)				Grade		School			
M		F									
Address						City			Country		
Postal / Zip Code			Choose One Option from the Date Ranges available below								
			1 week: July 29 – Aug 2			1 week: Aug 5 – 9			2 weeks: July 29 – Aug 9		
Other Languages Spoken						E-mail			Phone		
Name of Reference 1						Relationship to Applicant			Email		
Name of Reference 2						Relationship to Applicant			Email		

MEDICAL INFORMATION

Any conditions which may require special care? (Check all that apply)											
Severe Asthma		Seizure / Epilepsy		Diabetes		Serious Allergy		Other (Specify):			
Indicate any further medical conditions to be aware of						Specify medication taken					
Specify any allergies						Specify any dietary requirements					
Emergency Contact 1						Relationship to Applicant			Email		
Home Phone				Work Phone				Mobile Phone			
Emergency Contact 2						Relationship to Applicant			Email		
Home Phone				Work Phone				Mobile Phone			



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APPLICATION QUESTIONS

1. Why do you want to volunteer with Bodwell's University Summer Program?

2. What experience do you have working with children ages 10 - 17?

3. Have you ever attended a summer camp? Please describe your experience.

4. What challenges do you perceive as a volunteer for Bodwell's University Summer Programs?

5. What skills do you hope to learn / work on while volunteering with Bodwell's University Summer Program?

APPLICATION SUBMISSION

Application Deadline: July 5th, 2019

** All selected applicants must be available for a mandatory orientation on July 29th, 2019. Details will be sent to selected applicants.*

There is no educational affiliation between Bodwell and the Universities where the programs are located.