



New York Service for the Handicapped
CAMP OAKHURST

Please submit completed application to:

By Mail: 111 Monmouth Road, Oakhurst, New Jersey 07755

By fax to: 732-531-0292

By Scan/Email to: volunteer@nysh.org

Please call 732-531-0215 with questions.

CAMP OAKHURST VOLUNTEER APPLICATION

Date _____

Volunteer Applicant's Name: _____

Volunteer Applicant Address _____

City _____ State _____ Zip _____

Volunteer Applicant Daytime Phone _____ Applicant Date of Birth _____

Volunteer Applicant Email Address _____

Parent Name(s) if under age 18: _____

Parent Cell Phone Number(s) if under age 18: _____

Educational Background (include most recent school attended, years attended and graduation date (or expected graduation date):

See attached **Volunteer Shift Schedules** for options for volunteering. We ask you complete and submit the **Volunteer Shift Schedules** either with the application or any time after submitting the application, but at least 3 days prior to the first volunteer shift you will request for a summer camp session and/or the first shift requested for a respite season Saturday.

Describe any previous experience with caring for or interacting with children and/or children with special needs:

List here any special interests or skills in activity areas including arts/crafts, music, drama, media arts (iPad filming), swimming, cooking, nature studies and sports.

NOTE: All volunteer applicants must provide one non-family member adult reference (teacher, guidance counselor, coach, job or volunteer supervisor, etc.) and must bring with them to the in-person interview either the letter of reference or the contact information for a phone reference.