

# EUREKA! Volunteer Application Form

## Contact Information

Last Name		First Name	
Street Address		City	
Province		Postal Code	
Birth date		Gender	
Phone #		Email	

## Please indicate which week(s) you are willing to volunteer

Week	Dates	Available (Y/N)
Week 1 A	June 30-July 4	
Week 2 B	July 7-11	
Week 3 A	July 14-18	
Week 4 B	July 21-25	
Week 5 A	July 28-Aug 1	
Week 6 B	Aug 5-8	
Week 7 A	Aug 11-15	
Week 8 B	Aug 18-22	

## Please indicate which age group you are most comfortable working with, numbering in order of preference (with 1 indicating your most preferred choice)

- 7-8 years old—Junior Campers  
 9-10 years old—Intermediate Campers  
 11-14 years old—Senior Campers  
 10-14 years old—Computer

## Please describe a leadership role you have taken in school in the box below

### OFFICE USE ONLY

Date Received

Date Contacted

Director's Initials

**Thank you for your application. The EUREKA! Staff will be contacting you soon.**