

FOR OFFICE USE ONLY

Science Program		Date Received:	
2025 VOLUNTEER	APPLICATION	Date Contacted:	
C/O TRU Science Office		Date contacted.	
805 TRU Way Kamloops, BC V2C 0C8 Phone: (250) 371-5534 Email: eurekas		Directors Initials:	
CONTACT INFORMATION			
Last Name:	First N	ame:	
Street Address:	City:		
Dravinga		Code:	
Dhana #:	Email:		
PERSONAL INFORMATION			
Birthdate (MM/DD/ YYYY):			
	ers must he 16 years of age or older by th	 e start date of their first volunteer week.*	
	have taken in school in the box belo		
VOLUNTEER AVAILABILITY			
Please indicate which week(s) you Week	u are willing to volunteer: Date	s Available (Yes/No)	
Week 0		h **Girls Camp	
Week 1A	July 7 th –	•	
Week 2 B	July 14 th – 18 th *		
Week 3A	July 21 st		
Week 4 B	July 28 th – A		
Week 5 A	August 5	:h -8 th	
Week 6 B	August 11 th – A	August 15 th	
Week 7 A	August 18 ¹	^h -22 nd	
Please indicate which age group your most preferred choice)	you are most comfortable working	with, numbering in order of preference (with 1 indicating	
7-8 years old-			
9-10 years old	–Junior Campers		
	–Junior Campers —Intermediate Campers		
11-13 years ol	•		