

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	July 4-7	
Week 2 B	July 10-14	
Week 3 A	July 17-21	
Week 4 B	July 24-28	
Week 5 A	July 31- August 4	
Week 6 B	August 8-11	
Week 7 A	August 14-18	
Week 8 B	August 21-25	

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

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

OFFICE USE ONLY

Date Received

Date Contacted

Director's Initials