

# 2024 VOLUNTEER APPLICATION



## 6 Steps to Apply to be a Summer!Kids@Carroll Volunteer

- Step 1** Candidate must be at least age 14 or entering 9<sup>th</sup> grade. Complete **this Application**, the **New Volunteer Recommendation Form**, and the **Volunteer Consent Form**. Volunteer space is extremely limited and incomplete applications will not be considered.
- Step 2** Have a teacher or someone with whom you worked with in the community, such as a church member or other community group (**not family**), complete the **New Volunteer Recommendation Form**.
- Step 3** Mail, fax (410-386-8111), or email (ccasey@carrollcc.edu) the completed **Application, Volunteer Consent Form**, and **New Volunteer Recommendation Form** by **Friday, April 5, 2024**, to Cassandra Casey, Carroll Community College, Continuing Education & Training, 1601 Washington Road, Westminster, MD 21157. Applications received after April 5 will be considered on a space-available basis.
- Step 4** **Volunteer spots are extremely limited.** Volunteers are selected based on experience (working with children), attitude, initiative, communication, and availability (minimum 2 weeks or 4 half-day camps). Experience with Kids@Carroll as a current or former camper is a plus! Group interviews are tentatively Tuesday, April 9 from 6:30 – 7:30 p.m. The College will contact you via **email** to set up an interview. You must attend an interview to be considered.
- Step 5** If you are selected, you must attend the **Volunteer Orientation** tentatively scheduled for Thursday, June 20. Specific time and location will follow.
- Step 6** Once selected, new volunteers must successfully complete the **Leaders-in-Training camp** or comparable program. Attendance, level of participation, and attitude displayed during camp will determine eligibility to volunteer. All required training must be completed to qualify for volunteer placement.

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Name \_\_\_\_\_ Gender \_\_\_\_\_

Grade for 2024/2025 \_\_\_\_\_ School \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

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Primary Email \_\_\_\_\_

### Parent/Guardian Information

Name(s) \_\_\_\_\_

Parent/Guardian Primary Phone \_\_\_\_\_ ☐ Home ☐ Mobile ☐ Work

Parent/Guardian Secondary Phone \_\_\_\_\_ ☐ Home ☐ Mobile ☐ Work

Parent/Guardian Email (required) \_\_\_\_\_

We communicate via email. **Please put the email address you regularly use.**

## Volunteer/Work Experience (attach another page if needed)

Location/Employer	Supervisor Name	Brief Description of Work	Dates	Telephone #/Email

You must be available to work for at least 2 weeks (or 4 half-day camps) and all 5 days of the weeks you select.

**1** Please select **ALL the weeks/times that you are available** to volunteer, even if you do not want to volunteer for all of them.

**2** We will assign you 2 or more weeks from your selections below. If you are available all day, check both morning and afternoon boxes. Please note: if a week is not selected, we will assume that you are not available, and we will not consider you for that week.

**3** **Qualified candidates whose available schedules best match with our needs may be selected.** The more weeks you are available, the better chance you have of being selected.

**4** Have you ever been a Kids@Carroll camper? \_\_\_\_\_ If yes, when? \_\_\_\_\_

**5** We cannot guarantee there will be a place for you even if you are available 2 or more weeks.

☐ I am available to attend the Leaders-in-Training camp June 24 – 28, 1 – 4:30 p.m. (Contact Cassandra Casey at [ccasey@carrollcc.edu](mailto:ccasey@carrollcc.edu) if you are not available for this camp.)

☐ I have an interest and ability in photography.

### Work Availability

I'm available  
to volunteer

I'd prefer to  
volunteer these  
hours if possible

I'm attending a Teen  
College Camp as a camper  
during these hours\*

#### Mon – Fri, July 8 – 12

8:15 a.m. – 12:15 p.m.

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12:45 p.m. – 4:45 p.m.

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#### Mon – Fri, July 15 – 19

8:15 a.m. – 12:15 p.m.

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12:45 p.m. – 4:45 p.m.

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#### Mon – Fri, July 22 – 26

8:15 a.m. – 12:15 p.m.

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12:45 p.m. – 4:45 p.m.

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#### Mon – Fri, July 29 – August 2

8:15 a.m. – 12:15 p.m.

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12:45 p.m. – 4:45 p.m.

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#### Mon – Fri, August 5 – 8

8:15 a.m. – 12:15 p.m.

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12:45 p.m. – 4:45 p.m.

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If needed I am available  
to work in supply room  
or office Aug. 12 – 16

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\*An effort will be made to accommodate your schedule.

# 2024 NEW VOLUNTEER RECOMMENDATION FORM



**Please ask a teacher or another adult (other than family) to complete this recommendation form. Include this form with your application.**

Name of Recommended Student \_\_\_\_\_

Recommended by \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email \_\_\_\_\_

How do you know the student? \_\_\_\_\_

\_\_\_\_\_  
Please explain why you are recommending this student to be a volunteer for Summer!Kids@Carroll at Carroll Community College. (Use the back or attach second sheet if needed).

Signature \_\_\_\_\_ Date \_\_\_\_\_

# 2024 VOLUNTEER CONSENT FORM FOR VOLUNTEERS UNDER 18 YEARS OF AGE



Parents or Guardians of students requesting volunteer service program hours through Carroll Community College sponsorship, or simply volunteering time and talent, agree to the following conditions:

I understand and agree that my child has applied as a volunteer to perform some activity for Carroll Community College or one of its sponsored programs or organizations for assistance in completing the 75 volunteer hours required by the Board of Education School Mandated Volunteer Program, or as an effort of goodwill.

As parent or legal guardian of \_\_\_\_\_, I agree to:

- 1 Allow my child to participate in the Summer!Kids@Carroll program as a student volunteer.
- 2 Ensure that my child will be present for the entire time assigned.
- 3 Allow my child to have a background check as required by the Maryland State Department of Health and Mental Hygiene.
- 4 Accept full responsibility and hold harmless; Carroll County Commissioners, Carroll Community College Foundation, Carroll Community College, and its Board of Trustees agents, officers, officials, employees, and volunteers from any and all claims, damages, liabilities, injuries, illness, expenses, and losses, including defense costs and attorney fees, arising from their activities under this Agreement. **Understands and acknowledges that the Summer!Kids@Carroll program will not be responsible for any loss or liability arising from any claim by any third party alleging neglect or wrong doing by the volunteer.**

I understand that the College will assign each volunteer to programs as needed and cannot accommodate specific program requests or requests to work with friends. I also understand that appropriate supervision will be provided.

Further, I acknowledge that the activities of the volunteer may be terminated at any time by either the volunteer or Carroll Community College. Volunteers are expected to abide by all of Kids@Carroll rules and procedures, including confidentiality requirements. Further, as the parent or guardian of the above named individual, I understand my child or ward may have personal liability for intentional misdeeds, for negligent or reckless conduct, for acts occurring outside of the scope of the volunteer's authorized duties, or for criminal conduct.

Further, I authorize Carroll Community College to provide emergency medical care for my child or ward in the event such care becomes warranted and I cannot be reached in time to consent. I understand that I am responsible for payments for the emergency medical care for my child or ward.

Student Volunteer Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
I understand that my signature, whether electronic or manual, is evidence of acceptance.

Parent/Guardian Telephone # \_\_\_\_\_

Email \_\_\_\_\_