



## Carroll Community College Volunteer Application 2022

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

- Step 1:** Candidate's age 14 or entering 9<sup>th</sup> grade and older. 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 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 **Monday, April 4 2022**, to Cassandra Casey, Carroll Community College, Continuing Education & Training, 1601 Washington Road, Westminster, MD 21157. Applications received after April 4 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 Thursday, April 7 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 Wednesday, June 22. Specific time and location will follow.
- Step 6:** Once selected, new volunteers must successfully complete the **Leaders-in-Training** camp. Attendance, level of participation and attitude displayed during camp will determine eligibility to volunteer.

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Name: \_\_\_\_\_ Gender: M F T-shirt size: S M L XL

2022/2023: Grade: \_\_\_\_\_ School: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Primary E-mail: \_\_\_\_\_

#### Parent/Guardian Information

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

Parent Primary Phone: \_\_\_\_\_  Home  Mobile  Work

Parent Secondary Phone: \_\_\_\_\_  Home  Mobile  Work

Parent E-mail: (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 No/<br>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. 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? \_\_\_\_\_ 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 27 – July 1, 1 – 4 p.m.**

o Contact Cassandra Casey at [ccasey@carrollcc.edu](mailto:ccasey@carrollcc.edu) if you are not available for the above camp.

**I have an interest and ability in photography.**

**I am available to volunteer for the following weeks and times: (Please star (\*) your preferred weeks)**

**Mon - Fri, July 11 – 15**

8:30 a.m. – 12:15 p.m.

12:45 p.m. – 4:30 p.m.

**Mon - Fri, August 1 – 5**

8:30 a.m. – 12:15 p.m.

12:45 p.m. – 4:30 p.m.

**Mon - Fri, July 18 – 22**

8:30 a.m. – 12:15 p.m.

12:45 p.m. – 4:30 p.m.

**Mon - Fri, August 8 – 12**

8:30 a.m. – 12:15 p.m.

12:45 p.m. – 4:30 p.m.

**Mon - Fri, July 25 – 29**

8:30 a.m. – 12:15 p.m.

12:45 p.m. – 4:30 p.m.

If needed to work in supply room or office

July 5 – 8

Aug. 15 – 19

If you are also a camper this year, please write *Camp* next to the weeks/times you are attending Teen College camps. An effort will be made to accommodate your schedule.



**NEW VOLUNTEER RECOMMENDATION FORM  
CARROLL COMMUNITY COLLEGE**

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: \_\_\_\_\_ E-mail: \_\_\_\_\_

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: \_\_\_\_\_



**Carroll Community College 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 son or daughter 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 son or daughter to participate in the Summer!Kids@Carroll program as a student volunteer.
2. Ensure that my son or daughter will be present for the entire time assigned.
3. Allow my son or daughter 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, and its Board of Trustees agents, officers, officials, employees, and volunteers from any claim, damage, liability, injury, expense, loss, including defense costs and attorney fees, arising from their activities under this Agreement, in the event of any injury or damage arising out of my son or daughter's volunteer activities.

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 may have personal liability for intentional misdeeds, for grossly 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 son/daughter in the event such care becomes warranted and I cannot be reached in time to consent. I understand that I am responsible for payment for the emergency medical care for my son/daughter.

**Student Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature)

**Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature)

**Parent Telephone # Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_