



Carroll Community College Volunteer Application 2025

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

- Step 1:** Candidate's age 14 or entering 9th 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 **Friday April 11, 2025**, to Cassandra Casey, Carroll Community College, Continuing Education & Training, 1601 Washington Road, Westminster, MD 21157. Applications received after April 11 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 15th 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 18. Specific time and location will follow. Fingerprinting and CPS background checks will happen at this time.
- 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.

Name: _____ Gender: _____ T-shirt size: ☐ S ☐ M ☐ L ☐ XL

2025/2026: Grade: _____ School: _____ Birth Date: _____

Address: _____

Primary Volunteer E-mail: _____

Guardian Information

Name(s): _____

Guardian Primary Phone: _____ ☐ Home ☐ Mobile ☐ Work

Guardian Secondary Phone: _____ ☐ Home ☐ Mobile ☐ Work

Guardian 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/ 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? _____ 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 23- 27, 1-4:30 p.m.**

○ Contact Cassandra Casey at 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:

☐ **Mon - Thurs, June 30 – July 3 (4 days)**

☐ 8:15 am-12:15 pm

☐ 12:45 pm – 4:45 pm

☐ **Mon - Fri, July 7 - 11**

☐ 8:15 am-12:15 pm

☐ 12:45 pm – 4:45 pm

☐ **Mon - Fri, July 14-18**

☐ 8:15 am-12:15 pm

☐ 12:45 pm – 4:45 pm

☐ **Mon - Fri, July 21-25**

☐ 8:15 am-12:15 pm

☐ 12:45 pm – 4:45 pm

☐ **Mon - Fri, July 28 – August 1**

☐ 8:15 am-12:15 pm

☐ 12:45 pm – 4:45 pm

☐ **Mon - Fri, August 4-8**

☐ 8:15 am-12:15 pm

☐ 12:45 pm – 4:45 pm

If needed to work in supply room or office

☐ Aug. 11-15

If you are also a camper this year, please email ccasey@carrollcc.edu the weeks/times you are attending Teen College camps. An effort will be made to accommodate your schedule. You may also email your preferred weeks to volunteer.



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 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 and fingerprinting 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 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 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 child.

Student Volunteer: _____ **Date:** _____
(Signature)

Guardian: _____ **Date:** _____
(Signature)

Guardian Telephone #: _____

Email: _____