



Perry County Day Camp

Camp Dates for 2010: Weeks of July 12-16 and July 19-23

Dear Prospective Teen Volunteer,

Summer is coming fast and plans are being set for Perry County Day Camp! Remember the fun you had? That was due in part to the volunteers who gave time, talents and energy to make it happen. With that thought in mind, we hope that you will consider being a Teen Helper for PCDC this year.

All new teens are required to attend Volunteer training and to provide a recommendation from someone **OTHER THAN FAMILY A MEMBER**. A recommendation form has been included with this letter for this purpose.

Included with the PCDC acceptance letter will be a postcard concerning the dates and times of the volunteer training sessions. Please choose the session you plan to attend and return the postage paid postcard to the addressee.

On the reverse side of this letter is the teen volunteer job description. Please read this carefully and return the enclosed teen volunteer registration form and recommendation form if you are interested in helping PCDC this year. There is no fee for teen helpers.

If applicable, there are enclosed camp registration forms for your siblings. Please return these with your completed forms. Also note that children of only **FULL TIME ADULT** volunteers are eligible for reduced fees.

All forms and payments where necessary are to be returned **NO LATER THAN MAY 15, 2010**.

Please return forms to: Melva Gohn
51 Wineberry Drive
Landisburg, PA 17040

Phone: 789-4314

Sincerely,

Karin Getz, PCDC Administrative Director
589-3858



Perry County Day Camp
Recommendation for Teen Helper

Please fill out this form to assist us in determining the feasibility of having this individual work as a volunteer for Perry County Day Camp. This form should be filled out by someone other than the applicant's parent or relative.

His/her responsibilities will include assisting staff with program activities, promoting health and safety by observing established standards, and working under adult supervision and with younger children.

Please rate the individual named below according to the following scale.

5 –Excellent 4 – Very Good 3 – Average 2 – Below Average 1 – Not recommended

Name of prospective Teen Helper: _____

1. Is this individual someone you would consider to be trustworthy? **5-4-3-2-1**

Comments: _____

2. Does this individual have a history of being reliable? **5-4-3-2-1**

Comments: _____

3. Is this individual to be considered responsible? **5-4-3-2-1**

Comments: _____

4. Does this individual possess leadership skills? **5-4-3-2-1**

Comments: _____

5. Is this individual able to work with younger children? **5-4-3-2-1**

Comments: _____

Name: _____ Phone # _____

Address: _____

Please send completed form to: Melva Gohn
51 Wineberry Drive
Landisburg, PA 17040