



**Developmental & Disability Services of Lebanon Valley**  
**Volunteer Application**  
*2010 DDS – Summer Stars Day Camp*  
*“Buddy Program”*

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Developmental & Disability Services of Lebanon Valley  
1126 Walnut St., Lebanon, PA 17042  
Ph.: (717) 274-3493 Fax: (717) 274-1304  
[www.ddslebanon.org](http://www.ddslebanon.org)

Dear Buddy,

Thank you for your interest to volunteer as a Buddy in the Summer Stars Day Camp. As a Buddy you will not only ensure the success of the camp, but will greatly enrich the camp experience for campers.

Enclosed is the 2010 Volunteer Packet for DDS Summer Stars Day Camp. Please take a moment to look over the information, fill out the application, and return it to us so we can plan for the coming season. You will receive a confirmation in regards to your volunteer assignment. In addition, we will ask that you participate in a Buddy orientation to help prepare you for your camp experience.

I look forward to seeing you this summer. Don't hesitate to give me a call if you have any questions or if you would like to discuss anything. I can be reached at 717-274-3493.

Sincerely,

*Mary*

Mary Yeagly  
Camp Coordinator



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**PERSONAL**

Check if over 16 years of age \_\_\_\_\_

\*Full Name \_\_\_\_\_ \*Home Phone No. \_\_\_\_\_

\*Home Address: \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_ \*Zip \_\_\_\_\_

\*Emergency Contact Person \_\_\_\_\_ Contact Relationship \_\_\_\_\_

\*Emergency Contact Phone No. (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

\*Most Recent Employer \_\_\_\_\_ Position Held \_\_\_\_\_

\*Employer Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_ \*Zip \_\_\_\_\_

**2010 DAY CAMP PROGRAM** – Check all dates you would like to volunteer

<p>Camp1 Jun 28-Jul 1  <b>9am-3pm</b>  <i>Camp Mack</i>          ____ Mon., 28          ____ Tues., 29          ____ Wed., 30          ____ Thurs., 1</p>	<p>Camp 2 July 6-9  <b>9am-12 noon</b>  <i>Mini Camp</i>          ____ Tues., 6          ____ Wed., 7          ____ Thurs., 8          ____ Fri., 9</p>	<p>Camp 3 August 2-6  <b>9am-3pm</b>  <i>Adventure Camp</i>          ____ Mon., 2          ____ Tues., 3          ____ Wed., 4          ____ Thurs., 5          ____ Fri., 6</p>	<p>Camp 4 August 9-13  <b>9am-3pm</b>  <i>Animal Theme Camp</i>          ____ Mon., 9          ____ Tues., 10          ____ Wed., 11          ____ Thurs., 12          ____ Fri., 13</p>	<p>Camp 5 August 16-20  <b>9am-3pm</b>  <i>Olympics Theme Camp</i>          ____ Mon., 16          ____ Tues., 17          ____ Wed., 18          ____ Thurs., 19          ____ Fri., 20</p>
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**PREVIOUS VOLUNTEER POSITIONS**

\*Organization \_\_\_\_\_ Phone No. \_\_\_\_\_

\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_ \*Zip \_\_\_\_\_

\* Period of Service \_\_\_\_\_

\*Organization \_\_\_\_\_ Phone No. \_\_\_\_\_

\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_ \*Zip \_\_\_\_\_

\* Period of Service \_\_\_\_\_

\*Are you volunteering for a school project? \_\_\_\_yes \_\_\_\_no

If so, which school do you attend? \_\_\_\_\_

\*Do you consider yourself strong and in good physical condition? \_\_\_\_yes \_\_\_\_no

\*Can you swim? \_\_\_\_yes \_\_\_\_no

Hobbies and Interests: \_\_\_\_\_

**REFERENCES**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ How Long Have You Know Each Other \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ How Long Have You Known Each Other \_\_\_\_\_

**BACKGROUND DATA:**

Please answer the following questions by circling the appropriate answer. If you answer "Yes" to any of the questions, please explain in REMARKS:

YES NO Have you ever been under the restriction of a Protection from Abuse (PFA) order?

YES NO Have you ever been convicted of offenses involving the sexual or physical abuse of children?

YES NO Have you ever been convicted of offenses involving the sexual or physical abuse of adults?

YES NO Have you ever lived in another state or district? If yes, where? \_\_\_\_\_

**\*AUTHORIZATIONS** Please circle the appropriate response:

YES NO I authorize the Developmental and Disability Services of Lebanon Valley (DDS) to conduct a criminal record's check regarding me.

YES NO I authorize my name and/or photograph taken at DDS activities to be used for public relations purposes. Please list the name you want used in any news release:

\_\_\_\_\_

**REMARKS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE:

DATE:

\_\_\_\_\_

Kindly complete the application and mail or deliver to:  
DDS-Summer Stars Day Camp  
1126 Walnut St.  
Lebanon, PA 17042