



The Eastern Ridge School
Summer Camp Volunteer Information Sheet

Name: _____ Parent Name: _____
Date of Birth: _____ Parent Email: _____
Email: _____ Parent Phone: _____
Phone Number: _____
Address: _____

Do You Have Reliable transportation?

Please place an X next to the weeks are you available to work from 9AM-1PM*

June 21-25 _____	July 26-30 _____
June 28-July 2 _____	Aug 2-6 _____
July 6-9 _____	Aug 9-13 _____
July 12-16 _____	Aug 16-20 _____
July 19-23 _____	

***All volunteers must attend an orientation/training session in order to participate. Please initial to indicate that you are available and committed to attending an orientation session during the week of June 14 from 9AM-11AM. Date(s)/times to be determined. _____ (Initial here). Aside from required orientation, regular volunteer hours are recommended as stated above, but can be modified as needed if approved by the Program Director.**

Do you have any prior experience working with young children? _____

If yes, please describe briefly:



Why would you like to volunteer at ERS this summer?

What are your interests or hobbies? Is there anything else you would like us to know about you?

Please list the names, phone numbers, and email addresses of two references who can speak about your reliability and personal qualities that would make you well suited for this position:

Name: _____ Name: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

Please either return via mail to:

The Eastern Ridge School
9201 Vernon Drive
Great Falls, VA 22066
ATTN: Julie Liddle

Or scan and email to julie@easternridgeschool.org with "Summer Volunteer" in the subject line.

Thank you for your interest in helping us to help our youngest members of the community foster a love of nature and a joyful love of learning through play, creativity and exploration in the natural world.

If you have any questions, please email Julie Liddle at julie@easternridgeschool.org