



DMSC JR. VOLUNTEER APPLICATION

Name: _____

Date of birth: _____

Email: _____

Phone: _____

School (if applicable): _____

Grade: _____

PARENT/GUARDIAN INFO

Name: _____

Relationship: _____

Email: _____

Phone: _____

AVAILABILITY

Counselors should be available for the entirety of the camp(s) for which they sign up. If there are any time conflicts, please make note below.

Monday 3:00-5:30 pm

Tuesday 3:00-5:30 pm

Wednesday 1:30-3:00 pm

Wednesday 3:00-5:30 pm

Thursday 3:00-5:30 pm

Friday 3:00-5:30 pm

ANYTHING ELSE WE SHOULD KNOW?

Please return applications to Des Moines Social Club (Attn: Dani Flanary)
or email to dani@desmoinessocialclub.org.