



Therapeutic Recreation Mentoring Application Summer 2023

Application due no later than Wednesday, May 3, 2023

TR Camp held at Bartlem Park, Monday-Thursday (**Fridays at Mixville**),
June 26-July 28

Name: _____

Grade entering in the Fall: _____

Address: _____

Date of birth: _____

Parent's Name: _____

Parent Cell Phone: _____

Home Phone: _____

Your Cell Phone: _____

Your email: _____

Are you a returning mentor? Yes No

Which week would you like to volunteer?

___ **6/26-30 - 11:45-3:30pm**

___ **7/5-7 - 11:45-3:30pm**

___ **7/10-14 - 11:45-3:30pm**

___ **7/17-21 - 11:45-3:30pm**

___ **7/24-28 11:45-3:30**

___ **8/28-30 9-12:30pm ***new*** at**

Mixville Park

Help me get to know you:

Have you had any experiences with people with special needs? N Y (if yes, please describe)

Please explain why you're interested in volunteering at TR Camp: _____

What strengths will you bring to camp? _____

What are some of your hobbies? _____

Please list any other camps you attended: _____

Before emailing/returning this application:

1. *If you have any questions, please contact bcostello@cheshirect.org.*
2. *Please provide one letter of recommendation from a non-family member with the application.*
3. *Confirm with parents/guardians your availability for the dates you checked off.*
4. *You will be contacted to have a mentor meeting prior to the start of camp.*

By signing the below and submitting this application, I certify that I have completed this application myself, answering the questions in my own words and that all the information is true.

Applicant's Signature: _____ *Date:* _____

Submit completed application and letter of recommendation by Wednesday, May 3, 2023 to:

Barbara Costello
Therapeutic Recreation Coordinator
559 South Main Street
Cheshire, CT 06410

or bcostello@cheshirect.org

*Thanks for much for applying, it takes a lot of help to
make the camp experience fun and meaningful!!*