



Pitt County Sheriff's Office

2024 S.U.M.M.E.R. Youth Camp

Volunteer Mentor (Grades 10-12) Application

(To Be Completed by the Teen Applicant and

Due by Wednesday, May 15, 2024)

Name: _____

Address: _____

Phone #: _____

Email Address: _____

Date of Birth: _____ Age: _____ T-Shirt Size: _____

School: _____ Grade: _____

Circle the days and time of the day you are available to volunteer:

Monday	Morning,	Afternoon
Tuesday	Morning,	Afternoon
Wednesday	Morning,	Afternoon
Thursday	Morning,	Afternoon

In case of an emergency, list two people we can contact:

Name: _____

Address: _____

Home or Cell #: _____ Work #: _____

Relationship: _____

Name: _____

Address: _____

Home or Cell #: _____ Work #: _____

Relationship: _____

Write a short essay about yourself.

Why are you interested in becoming a mentor for our summer camp?

How would you handle a conflict between two campers?

IMPORTANT! PLEASE READ!

For this application to be complete, we need a written or typed professional reference letter from an adult (who is NOT related to you...can be a teacher, counselor, pastor, etc.) who knows your character and is able to speak honestly on your behalf. Please ask your reference to include his or her phone number and email address within the letter. Your reference must seal his or her letter in an envelope. Please call Ms. Venus Curry (PCSO Community Programs Coordinator) at 252-902-2776 when you have completed the entire application packet. She will meet you or your parent to pick up both your application and the sealed reference envelope.

No application will be accepted without the sealed reference envelope.

Applicant, please complete, sign, and date the Mentor Agreement, and ask your parent/guardian to sign and date the Parent Consent Statement. One cannot sign and date for the other. If you have any questions, please call Ms. Curry. Thank you.

Mentor Agreement

I, _____, agree to perform the duties assigned to me by Pitt County Sheriff's Office S.U.M.M.E.R. Youth Camp staff. I agree to conduct myself in a professional manner because I realize that I will be functioning as a positive role model for the campers whom I will be paired with. I understand that my role as a summer camp mentor is voluntary and that I will not be paid monetarily for my work as a mentor. I understand that as a mentor I must work under the direction of a professional employee at all times. At any time, I understand that I can remove myself from my role as a mentor. I understand that I can be terminated as a mentor if my words, behaviors, or actions reflect negatively on the Pitt County Sheriff's Office and its S.U.M.M.E.R. Youth Camp. If I do not feel well, I will let my parents know immediately so that they can communicate it to S.U.M.M.E.R. Youth Camp staff, and I will stay at home. I agree not to post information or pictures of the campers on social media sites. I agree not to share any confidential information or materials that I may have access to as a result of my mentor assignment. I understand that a violation of any of the terms of this mentor agreement could result in termination of my mentor assignment.

Signature

Date

Parent Consent Statement

I, _____, give my consent for my child, _____, to participate as a volunteer mentor in the Pitt County Sheriff's Office S.U.M.M.E.R. Youth Camp. I will ensure that my child reports for duty on time and is picked up at the designated time. I will communicate immediately with camp staff if my child must stay at home due to illness. I will ensure that my child follows the rules and expectations stated above in the Mentor Agreement and expressed by staff while performing the duties of a mentor.

Signature

Date