



Pitt County Sheriff's Office

2023 S.U.M.M.E.R. Youth Camp Mentor (Ages 14-17)

Volunteer Application

Name: _____

Address: _____

Phone #: _____

Email Address: _____

Date of Birth: _____ Age: _____

Last Four of SSN (optional): _____ Driver's License #: _____

School/Employer: _____

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: _____

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