

**SAINT CAMP**

Counselor Application/Information

**St. Margaret Parish**

*Office of Religious Education*

111 Winn Street, Burlington, MA 01803  
781-272-5810 reled@stmargaretburlington.org

**Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Volunteer Information**

What opportunity/position are you interested in?

Why are you interested and what skills do you bring to this commitment?

Have you held this position before?

**Emergency Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Are there any health conditions we should be aware of? (Severe allergies, etc.)