



Special Needs Camp of KY, Inc.

PO BOX 875

Owingsville, KY 40360

(606) 336-0326

Email: Katie.SNCKI@gmail.com

Website: www.specialneedscamp.org

Dear Volunteer:

Thank you for taking the opportunity to complete this application as a volunteer for Special Needs Camp of Kentucky, Inc. Summer Camp 2025. We have many exciting activities and events planned for this year's camp. The camp dates are June 16th through 20th at XXX from 9:00 am - 4:00 pm.

We are an official 501(c) 3 non-profit organization now known as Special Needs Camp of KY, Inc. (SNCKI). This has brought many changes, including all donations being 100% tax-deductible.

Camp has always been free for campers and volunteers to attend, and it will continue to be free this year with the help of continued financial support. The cost of the camp is constantly increasing each year. Expenses have gone from \$2,000 to fund camp ten years ago to over \$40,000 to support Camp 2024; please help us with this need. It takes a minimum of \$500 per camper just for them to be able to attend camp. If you know of any potential camp supporters (individuals or businesses), please contact them to see if they would like to contribute to the camp or even sponsor your camper. We gratefully appreciate your continued support.

Here are a few things to consider when completing the application:

- Volunteers must meet the age requirement for camp, 13 years of age.
- Please ensure that **ALL** sections of the application are filled out completely. Only completed applications will be allowed.
- We **MUST** receive all applications by **May 1st, 2025**, via mail, email, or hand delivery to 6255 E. Hwy. 60, Salt Lick, KY 40371, or Katelyn Harvey at Morehead State University.
- Acceptance or denial letters will be sent out to applicants the 2nd week of May. In addition, if you are accepted, additional information will be needed and described in the acceptance letter.

If you have any questions, please contact us via any of the sources at the top of this letter!

Sincerely,

Katelyn Harvey

Katelyn Harvey, President



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**Volunteer Application Form
June 16th - 20th, 2025
MUST BE RETURNED BY May 1st**

Name of Volunteer: _____ Date of Birth: ____/____/____

Street Address/P.O. Box: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ Gender: _____ Shirt Size: _____

Email Address: _____

Parent/Guardian(s)Name: _____

Address (If Diff. From Above): _____

Phone (where they can be reached during camp hours) :(____) _____

Emergency Contact: _____

Relationship to Volunteer: _____

Emergency Phone:(____) _____

Parent/Guardian Signature (if under 18yrs): _____

Date: ____/____/____

***SNCKI reserves the right to accept or deny this application. Notification of the decision will be made in the second week of May. ***