



Camp Quaker Haven
8438 312th Road
Arkansas City, Kansas 67005
620 442 9690

Intern Application

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

Age: _____ Sex: _____

Please Sign Below. Your signature shows you agree to abide by all CQH policies.

Signature: _____ Date: _____

Parent/Guardian: Please sign below. Your signature implies your permission for the above young person to work at CQH as a volunteer. Your signature also allows the management of CQH to seek medical attention for your child in event of an emergency for your child in your absence.

Signature: _____ Date: _____