Volunteer Application

All volunteers MUST submit a Criminal Record Check before being considered for a volunteer position

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PERSONAL INFORMATION

Full Name _____

Full Address _____

Home Phone _____ Cell Phone _____

Email Address _____ Birth Date _____/_____/_____

dd mm yyyy

Name of Home Church: _____

Pastor's Name: _____ Church Phone #: _____

Church Attendance: _____ Regularly ____ Occasionally _____ Seldom _____ Never

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POSITION(S) APPLYING FOR

I am applying to volunteer as:

CAMP NURSE CAMP PARENT CHAPLAIN SENIOR CAMP CABIN LEADER

For the following camp(s):

Camp # 1 Camp #2 Camp #3 Camp #4 Camp #5 Camp #6 Camp #7 Camp #8

I have the following camper(s) registered for camp: _____

Are you certified in any of the following:

First Aid Yes No Exp Date _____ CPR Yes No Exp Date _____

Any other certifications with expiration dates: _____

_____

REFERENCES

Please provide the names of two individuals for references. They must know you well, be over 21 years of ages, and not be related to you.

1. Reference Name: _____ Phone: _____

How do they know you? _____ How long have they known you? _____

2. Reference Name: _____ Phone: _____

How do they know you? _____ How long have they known you? _____

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