

CAMP HOPE 2009 VOLUNTEER APPLICATION

Name _____ Social Security Number _____

Also Known As _____ Maiden Name _____

Race _____ Date of Birth _____ Sex : Male Female

Address _____ City _____ Zip Code _____

Phone Number _____ Work Phone Number _____

E-mail _____ Shirt Size _____

Employer _____ Address _____

City _____ Zip Code _____

I prefer working with:	Boys	Girls	Either One
Ages:	7-9	10-12	13-15
			Any Age

I speak the following language(s) _____

Please list credentials and/or experience _____

***IF YOU ARE A MENTAL HEALTH PROFESSIONAL, (MS, MSW, Psy.D., Ph.d), would you be willing to spend the entire weekend (Saturday– Sunday) in a cabin with campers? Yes ___ No ___**

AREA OF INTEREST

(Please indicate with a check mark where you would be willing to help)

The following activities are held during camp: art therapy ___ crafts ___ music therapy ___
pet therapy ___ recreation ___

Other areas where help is needed: registration ___ setup ___ photography ___ kitchen ___
Float (help where needed) ___

Availability: Please circle: Saturday Sunday

Have you volunteered for Camp Hope before No Yes (when) _____

I have attended a Camp Hope Training before * No Yes

References

Please complete if you have never volunteered for Camp Hope before

(Please include name, address, and phone number)

1. _____

2. _____

*** This training is mandatory for all NEW Camp Hope Volunteers**

I will attend one of the following trainings: ___ Thursday, 3/7, 2:30-4:30 pm (South Office)

___ Thursday, 3/14, 2:30-4:30 pm (North office)

I am aware that as a volunteer at Camp Hope, I am subject to a background check. I am also aware that I will need to attend the camp training before I can volunteer.

Signature _____ Date _____

***SPACE AT CAMP IS EXTREMELY LIMITED AND UNFORTUNATELY, WE ARE UNABLE TO ACCOMMODATE OVERNIGHT VOLUNTEERS**

FOR OFFICE USE: **Criminal Background Check Completed -** **Date** _____
 Sexual Offender Check Completed - **Date** _____