



Volunteer Application

NAME:	HOME PHONE:	CELL PHONE:
ADDRESS:	CITY:	ST: ZIP:
EMAIL:		

T-Shirt Size::	BIRTHDAY:
EMPLOYER:	OCCUPATION: BUSINESS PHONE:
ARE YOU PRESENTLY A STUDENT?	WHERE? GRADE/MAJOR:
HIGHEST LEVEL OF EDUCATION COMPLETED:	COLLEGE MAJOR:

ARE YOU CURRENTLY CERTIFIED IN ANY OF THE FOLLOWING:
 First Aid CPR Lifeguard

LIST AND DESCRIBE ANY PREVIOUS VOLUNTEER AND/OR CAMP EXPERIENCE YOU MAY HAVE:

LIST ANY SKILLS, INTERESTS OR HOBBIES OR EXPERIENCES YOU HAVE HAD WITH CHILDREN

REFERENCES: (someone from the community or work / do not use a relative)

NAME:	RELATION:	PHONE:
NAME:	RELATION:	PHONE:
EMERGENCY CONTACT:	RELATION:	HOME PHONE: WORK PHONE
PHYSICIAN NAME:	PHONE:	

I understand that my service is important to the camps success. I promise to serve the hours assigned and if I cannot be at the camp, I will promptly inform the camp coordinator.

I authorize emergency treatment for myself if I am injured or taken ill during my service at camp if I am not able to give consent for treatment and the staff is unable to reach my emergency contact named above. * I give full permission for use of my name, photograph or voice in promoting VACC Camp without limitation, reservation or compensation. (By signing this application I acknowledge the above information is true and correct)	DATE
SIGNATURE:	

Parental Consent for Teens under the age of 18 I authorize the emergency treatment of my daughter/son if s/he is injured or taken ill during volunteer service at camp if staff is unable to contact me for permission to treat. * I give full permission for use of my daughter/son's name, photograph or voice in promoting VACC Camp without limitation or reservation or compensation. (By signing this application I consent to the participation of my daughter/son)	DATE
PARENT SIGNATURE:	
DAY PHONE:	EVENING PHONE: