## CAMP SOAR VOLUNTEER APPLICATION



## **PERSONAL INFORMATION**

First & Last Name:
Preferred Name or Nickname:
Street Address:
City, State, Zip Code:
Phone Number: ()
Emergency Contact & Number
Email Address:
HIRING INFORMATION
Have you ever applied to or worked for Camp SOAR before? [ ] Yes or [ ] No
If yes, please explain (include date):
Do you have any friends, relatives, or acquaintances working for Camp SOAR]? [ ] Yes or [ ] No
If yes, state name & relationship:
If hired, would you have transportation to and from work? [ ] Yes or [ ] No
Are you over the age of 18? [ ] Yes or [ ] No Age: Date of Birth:
Have you ever been a Camp Soar camper? [ ] Yes or [ ] No
POSITION & AVAILABILITY
Are you available to volunteer between June 24 and work through August 2? Only 1 week for vacation is given to stay consistent. [ ] Yes or [ ] No
Day Availability: MondayTuesdayWednesdayThursdayFriday
Time Availability:8:45 AM to 12:15 PM12:00 PM to 3:15 PM for aftercare
List all dates needed off for vacation:

## **EMPLOYMENT HISTORY IF APPLICABLE**

Position Title:
Responsibilities:
Employer:
From:To:
Employer address:
Manager:
Phone:
May we contact this employer? [ ] Yes or [ ] No
Reason for leaving:
Position title:
Responsibilities:
Educational Background: Highest degree earned: School: Grade:
List any work-related training and certifications:
REFERENCES
Reference #1
Name:
Contact Information:
Title & Years Known:
Reference #2
Name:
Contact Information:
Title & Years Known:
I authorize you to verify the information listed above. I certify that the information contained in this volunteer application is accurate and truthful. I understand that providing false information on this application may be grounds for not offering an opportunity to volunteer or for termination at any point in the future.
Applicant Signature:
Date: