

Camp Craig Allen General Volunteer Application

Thank you for your interest to be a volunteer. This is year round volunteering opportunities.

Camp Craig Allen relies on volunteers and we thank you for your time!

| Applicant Information | | | |
|--|------------|------------------------|----------|
| Last Name | First | Date | |
| Street Address | | | Apt/Unit |
| City | State | Zip | |
| Phone | Cell Phone | | |
| Email address: | | | |
| Have you ever been convicted of a felony? (Background checks will be conducted) | | If yes please explain: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| How did you hear about our organization? | | | |
| | | | |

| Availability | | | | | | | |
|---|--------|--------|---------|-----------|----------|--------|----------|
| Please check your season(s) of availability: | | | | | | | |
| <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Winter Specific Months your available _____ | | | | | | | |
| Please check your general availability | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning (approx. 9-1) | | | | | | | |
| Afternoon (approx. 1-5) | | | | | | | |
| Evening (approx. 5-9) | | | | | | | |

| | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Technical Writing | <input type="checkbox"/> Camp Sessions/Programs | <input type="checkbox"/> OTHER: |

| Experience/Education and Skills | |
|--|---|
| Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed | |
| Current or most recent paid position held | |
| Are you currently a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please indicate school and concentration: |
| Level <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate student | If employed, list job your actual duties: |
| Are you in any fraternity/sorority? List: | Are you in any organized group? List: |

| | |
|---|--|
| | |
| <p>Computer Skills/Software proficient in: List any and all experiences in working/volunteering with a Non Profit/Charity organization(s)?</p> | |

| Personal Information |
|--|
| <p>Why are you interested in volunteering for our organization?</p> |
| <p>Please list any and all experience(s) you have working with the disabled:</p> |
| <p>Describe your idea of volunteering:</p> |

| Professional References | |
|--------------------------------|--|
| Name | Relationship and contact info (e-mail and/or phone number) |
| | |
| | |
| | |

| Disclaimer and Signature | |
|---|--------------|
| <p>I certify that my answers are true and complete to the best of my knowledge. If this application leads to a volunteer position, I understand a back ground check will be completed and any false or misleading information in my application may result in my release.</p> | |
| <p>Signature:</p> | <p>Date:</p> |

Please email this form and/or any questions to: volunteer@campcraigallen.org and thank you for your inquiry to our organization.