

**CAMP NORTHSTAR INC.
VOLUNTEER APPLICATION**

PART I – GENERAL INFORMATION

NAME _____ MALE/FEMALE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ SSN: _____

TELEPHONE # DAY _____ EVENING _____

OCCUPATION: _____

PART II - EMPLOYMENT HISTORY AND VOLUNTEER EXPERIENCE

COMPANY OR ORGANIZATION	ADDRESS	TELEPHONE NUMBER	POSITION	DATES
				FROM: TO:
				FROM: TO:
				FROM: TO:
				FROM: TO:

PART III – EDUCATION

SCHOOL	NAME / LOCATION	COURSE OF STUDY	DEGREE	DATES
GRADUATE				FROM: TO:
COLLEGE				FROM: TO:
BUSINESS / TECHNICAL TRADE				FROM: TO:
HIGH SCHOOL				FROM: TO:

PART IV – BACKGROUND

1. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? ___ YES ___ NO
2. HAVE YOU EVER BEEN CHARGED WITH NEGLIGENCE, ABUSE OR ASSAULT? ___ YES ___ NO
3. HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED IN ANY STATE? ___ YES ___ NO
4. OTHER THAN THE ABOVE, IS THERE ANY FACT OR CRIMINAL CIRCUMSTANCE INVOLVING YOU THAT WOULD CALL INTO QUESTION YOUR BEING ENTRUSTED WITH THE SUPERVISION, GUIDANCE AND CARE OF CHILDREN AND/OR ADULTS WITH DISABILITIES? ___ YES ___ NO

(IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE ATTACH A WRITTEN EXPLANATION)

PART V- SPECIAL TRAINING

____LIFE GUARD ____EMT ____WSI ____PHYSICAL EDUCATION
____SPECIAL EDUCATION ____ART EDUCATION ____COACHING - SPORT _____
____FIRST AID SPECIFY _____ ____CPR SPECIFY _____
____OTHER SPECIFY _____

PART VI – INTEREST / AVAILABILITY

____ 1 FULL WEEK SLEEP OVER ____ 1 FULL WEEK DAYS ONLY
____DAYS ONLY (INDICATE WHICH DAYS) SAT, SUN, MON, TUES, WEDS, THURS, FRI. SAT
____SOME DAYS WITH SLEEP OVER (INDICATE DAYS) SAT, SUN, MON, TUES, WEDS, THURS, FRI, SAT.

PLEASE INDICATE AREAS(S) OF INTEREST

____ARTS & CRAFTS ____GENERAL COUNSELOR ____SPORTS SPECIFY _____

DO YOU HAVE CAMP EXPERIENCE? IF SO, INDICATE CAMPS, YEARS, ACTIVITIES, ETC.

DO YOU HAVE ANY EXPERIENCE WITH INDIVIDUALS WHO HAVE DEVELOPMENTAL DISABILITIES OR SPECIAL NEEDS?

(USE ADDITIONAL PAPER TO SHARE ANY OTHER INFORMATION YOU FEEL IS IMPORTANT TO THE APPLICATION)

PLEASE LIST FOUR (4) NON FAMILY MEMBER REFERENCES.

NAME	MAILING ADDRESS	STATE	ZIP CODE	TELEPHONE NUMBER

APPLICANTS CERTIFICATION AND AGREEMENT.

THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. THE INFORMATION THAT I HAVE PROVIDED MAY BE VERIFIED, IF NECESSARY, BY CONTACTING PERSONS AND/OR ORGANIZATIONS NAMED ON THIS APPLICATION. UPON OFFER OF POSITION, ANY MISSTATEMENTS OR OMISSION OF FACTS ON THIS APPLICATION MAY RESULT IN MY DISMISSAL.

SIGNATURE

DATE