Camp River Run

Volunteer Application

Applicant Information

Full Name: ______________________ ______________________ ______ Date: ______________
Last *First* *M.I.*

Address: ____
Street Address *Apartment/Unit #*

____
City *State* *ZIP Code*

Phone: ______________________________ Email ______________________________

Date of Birth: ____________ Social Security No.: ______________ Gender: ______________

Position Applied for: ____

Occupation: ______________________ Number of Years: ______________________

Driver's License # ______________________

References

Please list three professional references.

Full Name: ____ Relationship: ______________
Address: ____ Phone: ______________

Full Name: ____ Relationship: ______________
Address: ____ Phone: ______________

Full Name: ____ Relationship: ______________
Address: ____ Phone: ______________

General Questions

Are we friends on Facebook? YES ☐ NO ☐

How did you hear about camp?	______________________________
T-Shirt Size?	Small: ☐ Medium: ☐ Large: ☐ X-Large: ☐ XX-Large: ☐ XXX-Large: ☐

CPR Certified?	Yes: ☐ No: ☐ CPR Certification is required for all volunteers attending camp. Do you have certification in the following? A copy of your proof of certification will be due to our offices no later than July 1, 2016. CPR: ☐ First Aid: ☐ Nurse: ☐ EMT: ☐ None: ☐
What area(s) would you like to help in?	Activities: ☐ Camp Counselor: ☐ Medical: ☐
Do you have previous training or background in dealing with children with disabilities or life threatening illnesses?	Yes: ☐ No: ☐
Please describe why you wish to work with children with disabilities or life threatening illnesses.	
Please describe any previous experience working with children	

Emergency Contact

Full Name: ______________________________ Relationship: ______________

Address: ______________________________ Phone: ______________

Full Name: ______________________________ Relationship: ______________

Address: ______________________________ Phone: ______________

Full Name: ______________________________ Relationship: ______________

Address: ______________________________ Phone: ______________

Medical History

Do you or have you ever had a disability or life threatening illness?	Yes: ☐ No: ☐
Do you have any medical conditions/illnesses?	Yes: ☐ No: ☐
Please describe any developmental delays and/or behavioral needs	
Are you currently taking any medications?	Yes: ☐ No: ☐
Do you have any allergies?	Yes: ☐ No: ☐

Regarding under age volunteer: Is it okay for CRR Medical Team to give over the counter medications not listed if no allergies are indicated? e.g. Tylenol, Ibuprofen, Gas X, Imodium, Tums, etc.	Yes: ☐ No: ☐
Dietary Restrictions If you do have diet restrictions, please include a small list of food and drinks that you can have and enjoy having.	
Special Assistance/ Needs/ Restrictions	
Have you had any serious injuries in the last three years?	Yes: ☐ No: ☐

Fun stuff

Which of the following words accurately describes you? Please check all that apply	☐ Timid	☐ Loving	☐ Angry	☐ Kind
	☐ Gentle	☐ Tactful	☐ Deliberate	☐ Studious
	☐ Trustworthy	☐ Impatient	☐ Mature	☐ Congenial
	☐ Selfish	☐ Motivated	☐ Modest	☐ Sarcastic
	☐ Compassionate	☐ Secure	☐ Verbal	☐ Nervous
	☐ Patient	☐ Stubborn	☐ Considerate	☐ Organized
	☐ Impulsive	☐ Intelligent	☐ Insecure	☐ relaxed
Please list four strengths you have in working with others/children				
Please list four weaknesses you have in working with others/children				

Background History

Have you ever been convicted of any crime including, but not limited to; assault and battery, sexual assault, indecent exposure, rape, kidnapping, distribution/trafficking of narcotics and/or controlled substances, or intent to commit any of these acts.	Yes: ☐ No: ☐
Have you ever taken drugs other than prescription drugs?	Yes: ☐ No: ☐

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: ______________________________ Date: ____________________