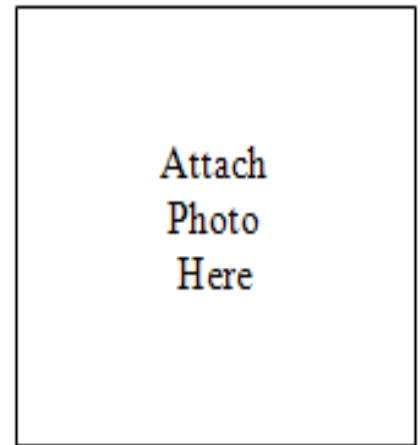




Camp Caglewood  
PO BOX 158  
Flowery Branch GA 30542



Area of Interest	Level of Experience
<input type="checkbox"/> Camping Trip Counselor	
<input type="checkbox"/> Communications/Marketing	
<input type="checkbox"/> Fundraising	
<input type="checkbox"/> Grant Writing	
<input type="checkbox"/> Committee Member	
<input type="checkbox"/> Board Member	
<input type="checkbox"/> Other:	

## VOLUNTEER AND COMMUNITY SERVICE APPLICATION

PLEASE PRINT ALL INFORMATION:

Name: \_\_\_\_\_ (FIRST MIDDLE/MAIDEN LAST)

Gender:  Male  Female

Current Address: \_\_\_\_\_

How Long have you lived at this address? \_\_\_\_\_

Former address: \_\_\_\_\_

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State issued: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact #1:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever worked with people with special needs? YES NO

If yes, explain your experiences.

If no, explain what you believe will make you a good volunteer.

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Why do you want to be a volunteer for Caglewood?

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What do you hope to accomplish as a volunteer?

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Have you ever been convicted of a crime of a violent or sexual nature? YES NO

Have you ever been convicted of any other kind of crime? YES NO

If yes, please explain:

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Please read before signing: I understand that:

- By signing this form I authorize Camp Caglewood to make an independent investigation of my background, references, character, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for volunteerism now and, if applicable, during the tenure of my volunteer service with Camp Caglewood.
- By signing this form I release Camp Caglewood and any person or entity, which provides information pursuant to the authorization, from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used.
- In the course of volunteering for Camp Caglewood, I may be dealing with confidential information and I agree to keep said information in the strictest of confidence.
- The relationship between Camp Caglewood and volunteers is an "at will" arrangement, and that it may be terminated at any time without cause by either volunteer or Camp Caglewood.
- I grant Camp Caglewood permission to use my likeness, voice, and words in or on television, radio, film, and on the camp website, or in any other form, format or media to promote activities for Camp Caglewood.
- The above personal information is my true and complete legal name and all information is true and correct to the best of my knowledge (this information may be used for screening purposes).

All information contained in this application is true and correct to the best of my knowledge. I will contact Camp Caglewood if any of my information changes. In signing this application, I have read the foregoing information, and I agree to comply with the volunteer code of conduct and all Camp Caglewood rules and regulations of the organization.

I HAVE READ AND UNDERSTAND THIS DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION.

Signature of Volunteer \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name of Parent/Guardian \_\_\_\_\_

