

CAMP BRAVEHEARTS 2008 VOLUNTEER APPLICATION

Name _____ T-Shirt Size S M L XL 2XL 3XL
(circle one)

Address _____ City/State/Zip _____
Phone (home) _____ (work) _____ (cell) _____
Occupation _____ E-mail _____

Indicate the volunteer position, which interests you: Activity Staff _____, Arts & Crafts _____,
Cabin Counselor _____, for ages _____, Newspaper _____, Sports & Games _____,
Waterfront Staff _____, Other _____.

Please list your experience with children and/or camps in which you obtained experience (i.e. counselor, lifeguard, etc.) If you have volunteered at Camp Bravehearts, please indicate how many years you have attended. _____

Please list two personal references that we may contact:

Name _____ Address _____
City/State/Zip _____ Phone _____
Occupation _____ Relationship _____

Name _____ Address _____
City/State/Zip _____ Phone _____
Occupation _____ Relationship _____

Please list all licenses you hold including license number and expiration date (i.e. CPR, water safety, nursing/medical licensure, etc.) _____

It is necessary that you provide to us a photocopy of the front and back of all applicable licenses.

Questions or Comments: _____ _____ _____ _____ _____ _____ _____
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CAMP BRAVEHEARTS 2008 VOLUNTEER MEDICAL HISTORY

Name: _____ (M) ____ (F) ____

Date Of Birth: _____ AGE _____

Any significant past or present medical problems? (Please explain)

Allergies: _____

Date of last tetanus shot: _____

All medications (Name, dose, frequency): _____

Primary Care Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Emergency Contact Name: _____

Phone: (Day) _____ (Night) _____ (Cell/Other) _____

Health Insurance Company: _____

Address: _____

Policy Number: _____ Group Number: _____

