

VOLUNTEER APPLICATION

For New Volunteers



Name _____ Birth date _____
First Middle Last Month/date/year

Address _____
Street City Zip+4

Mailing address (if different from above) _____
Street/Box/Rural Route City Zip+4

Day phone _____ Evening phone _____

Cell _____ Fax _____

Email _____

Employer _____

Occupation _____ Full-time Part-time

Social Security No _____ Driver's License No _____

Emergency Contact: _____ Relation: _____

Occupation _____ Spouse's employer _____

Work phone _____ Fax _____

Number of children _____ Their age and sex _____

How did you hear about Camp Fire? _____

Describe any previous experience you have had working with children and youth.

PREVIOUS JOB-RELATED EXPERIENCE (Describe positions held and general responsibilities)

A. As a volunteer _____

B. As a paid employee _____

EDUCATION AND/OR SPECIAL TRAINING

Indicate level of education completed: High school Some college College degree

Other _____

CURRENT MEMBERSHIPS HELD (in community, youth, or professional organizations)

HOBBIES/INTERESTS/SKILLS:

HEALTH LIMITATIONS OR CONSIDERATIONS:

In the space below, please comment on your interest in a volunteer position with Camp Fire Green Country and the contribution you can make to youth:

- 1. Have you, or anyone in your household, ever been convicted of child abuse, or violation of any law or ordinance regulating conduct toward minors, or any felony? Yes No
- 2. Have you ever been charged with a criminal offense? Yes No
- 3. Have you ever been charged with child abuse or neglect? Yes No
- 4. Has your driver's license ever been suspended or revoked? Yes No

If you answered yes to any of the above questions, please explain:

- 5. Do you have a valid Oklahoma driver's license? Yes No
- 6. Is your motor vehicle insurance in compliance with Oklahoma state law? Yes No

Please attach a copy of current insurance verification for all vehicles in which youth will be transported.

next . . .

REFERENCES

Fill out and sign box on Applicant Reference Questionnaire attached to this form.

List three references other than relatives:

- 1. Name _____ Day phone _____
Address _____
Street/Box/Rural Route City State Zip
- 2. Name _____ Day phone _____
Address _____
Street/Box/Rural Route City State Zip
- 3. Name _____ Day phone _____
Address _____
Street/Box/Rural Route City State Zip

<u>OFFICE USE ONLY</u>
Date <i>Applicant Reference Questionnaire</i> mailed: _____
Questionnaires returned to Camp Fire office: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3

I certify that the information given herein is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application, including criminal background checks. Camp Fire Green Country has my permission to contact all references listed above. I understand that misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for appointment or dismissal if I have been appointed.

I further agree that in the event I am photographed while participating in a Camp Fire program, the picture may be used for council purposes.

I have read, understand, and agree to support the mission, purpose, guiding principles, goals, and policies and procedures of Camp Fire Green Country's club program.

Date Signature of volunteer applicant

<u>OFFICE USE ONLY</u>
SCHOOL/AREA _____ CLUB LEVEL _____
ACCEPTED <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS: _____
DATE _____ STAFF SIGNATURE _____