



**Camp Rainbow of Hope
Volunteer Application**

Please complete each section. Please print or type.

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Fax Number: _____ E-Mail: _____

Birth Date: _____ Occupation: _____

Employer: _____ Employer Address: _____

Education: Note--Selection of volunteers is not based on education/licenses

Name of School	Course of Study	Degree/Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Professional Licenses and/or Certifications:

Type	State	Date	Number	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Lifeguard Certification **Expiration Date** _____

1. What experience have you had working with children? _____

2. What camping/outdoor experience have you participated in? _____

3. What are your hobbies? _____

4. What are your areas of interest for volunteering?
 _____ Adult Counselor to a child _____ Recreation Activities
 _____ Arts & Crafts Helper _____ "Big Buddy" in Training
5. Are you available for the entire session? _____
 Days: _____
 Nights _____
6. What is your Adult T-shirt size?
 Small Medium Large XL XXL

References:

Name and Relationship	Address	Day Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bereavement History:

Your relationship to deceased	Year of Death	Your Age At Loss	Cause of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Comments:

***Return this form to:
 Debbie Bishop
 Friends of Oswego County Hospice
 P.O. Box 102
 Oswego, NY 13126***