

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 _____ Other: _____

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:

Please complete the Bereavement History form below for any significant losses that you have experienced:

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

Additional Comments: