**VOLUNTEER APPLICATION**

### Office Use Only

Received Date:

Background Check Date: \_

Start Date & Program:

PO Box 751

Hendersonville, NC 28793

828.697.2000

First, Middle, Last Name: Date of Birth:

Address: City/State:

Zip: Home Phone: Cell Phone:

Emergency Contact: Phone:

*Please give the name and contact information of a reference (not relative) having knowledge of your skills and abilities.*

## Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **SKILLS AND INTERESTS**

Education:

Hobbies and Skills:

***Please mark the times that you are most available on the table below***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| **AM Hours** |  |  |  |  |  |  |  |
| **PM Hours** |  |  |  |  |  |  |  |

***Volunteering comes in a variety of manners. Please circle how often you’d prefer to volunteer:***

Weekly Biweekly Monthly Seasonally One-Time Special Events Holidays Other

***Camplify volunteers are involved in many realms. Below are a few opportunities:***

Office Volunteer LEAD Volunteer Pathmakers Volunteer Mentor

Community Outreach Volunteer Caller Event Volunteer Runner

**ADDITIONAL INFORMATION**

* Have you ever been charged with, arrested for, or convicted of a crime other than a minor traffic violation? □Yes □No
* Have you ever been the subject of an investigation involving an allegation of sexual abuse? □Yes □No

If yes please explain.

I have read and understand this application and answered questions truthfully to the best of my knowledge. I understand that Camplify requests a volunteer background check, which may include both criminal and motor vehicle records. I grant permission for Camplify to seek additional verification of any information provided on this form.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_