

Thank you for your interest in Camp Civitan. Volunteers play a crucial role in the successful operations at Camp Civitan and we are thrilled that you would like to be a part of what we do. At Camp Civitan, we recognize how valuable your time and talents are and wish to provide you with an opportunity that is worthwhile. For that reason, we ask you to please take a few moments to fill out the following forms to better help us match your abilities and interests with our available opportunities. Please fill in the application as completely as possible.

<b>Volunteer Application</b>
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Name \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

If Applicant is under the age of 18, please have parent/guardian fill in applicable areas.

Guardian's Name \_\_\_\_\_  
 Relationship to applicant: \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Previous Volunteer and Employment Information:**

**1) Organization** \_\_\_\_\_ Phone \_\_\_\_\_  
 Street \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Employed/Volunteered from \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Describe work or volunteer service \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2) Organization** \_\_\_\_\_ Phone \_\_\_\_\_  
 Street \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Employed/Volunteered from \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Describe work or volunteer service \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

May we contact these employers? \_\_\_\_\_ Yes \_\_\_\_\_ No

If No, please explain why \_\_\_\_\_  
\_\_\_\_\_

**Emergency Information/ Permission to Treat:**

Camp Civitan provides a healthy and safe environment; however, in the case of a medical emergency, please read and sign where indicated below:

I hereby give permission to the medical personal selected by the Camp Civitan Director to provide routine health care; to administer medications; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for:

Volunteer name \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

(Must be signed by parent or legal guardian if under the age of 18.)

**Allergies:**

\_\_\_\_\_  
\_\_\_\_\_

**Current Medications:**

(Please note: All medications must be signed in and kept in the nurse's station, which is locked at all times.)

\_\_\_\_\_  
\_\_\_\_\_

**Insurance Information:**

Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Billing Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

\*Must attach copy of current insurance card.

\*If the volunteer has no insurance, the volunteer and/or guardians must be willing to accept payment responsibility.

**Please Initial:** \_\_\_\_\_

**Names and numbers of others who could be contacted in case of an emergency:**

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Media Release:**

If selected, I give my permission to include my name and/or picture in any or all Camp Civitan's promotional materials, newspapers, TV, radio, brochures, videos, etc. \_\_\_\_\_ Yes \_\_\_\_\_ No

**Criminal History:**

Camp Civitan has my permission to run a background check on me (required for all volunteers 18 and older) \_\_\_\_\_ Yes \_\_\_\_\_ No

1) Have you ever been charged with or convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

2) Have you ever been charged with or convicted of any crime involving a sex offense, an assault or the use of a weapon? \_\_\_\_\_ Yes \_\_\_\_\_ No

3) Have you ever been charged with or convicted of any crime involving the use, possession or the furnishing of drugs or hypodermic syringes? \_\_\_\_\_ Yes \_\_\_\_\_ No

4) Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? \_\_\_\_\_ Yes \_\_\_\_\_ No

5) Have you ever been charged with or convicted of reckless driving, operating a motor vehicle while under the influence, or driving to endanger? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered YES to any of the above items, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that:**

A. Camp Civitan may deny volunteering to any person who answers any of questions numbered above in the affirmative.

B. In applying for a camp position, the information which I have furnished on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.

C. Camp Civitan may terminate volunteer service of any person:

- 1. Found to have a history of complaints of abuse of a minor and/or
- 2. Found to have resigned, been terminated or been asked to resign from a position, whether paid or unpaid, due to complaint(s) of sexual abuse of a minor.

D. This disclosure statement must be updated yearly.

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

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*Applicants for all positions at Camp Civitan are considered without regard to race, color, religion, sex, origin, age, marital status, sexual orientation, or disability.

**Leaving Camp Premises:**

At times volunteers may have the opportunity to leave the camp for various reasons (pick up mail, laundry, eat dinner, field trips, etc.) It is necessary for us to have written permission for minors to leave camp. Please check the appropriate boxes, list any stipulations, and initial below:

I give my permission for \_\_\_\_\_ to leave the camp premises  
 Supervised and/or  Unsupervised with the following stipulations (i.e. only with adult, group outings, camp vehicles) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Initial:** \_\_\_\_\_

I give my permission for \_\_\_\_\_ to leave the camp premises for only organized camp sponsored community activities.

**Please Initial:** \_\_\_\_\_

**Availability and Location of Volunteering:**

Camp \_\_\_\_\_ Dates \_\_\_\_\_

Phoenix Area (zip) \_\_\_\_\_ Days/ Times: \_\_\_\_\_

Are you looking to complete community service hours? \_\_\_\_\_

Contact/Supervisor \_\_\_\_\_ Email \_\_\_\_\_

**Additional Information:**

How did you hear about Civitan Foundation/Camp? \_\_\_\_\_

Have you volunteered with the Civitan Foundation before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, when? \_\_\_\_\_

I speak Spanish \_\_\_\_\_ Yes \_\_\_\_\_ No Other Languages \_\_\_\_\_

Sign Language \_\_\_\_\_ Yes \_\_\_\_\_ No

Area(s) of Interest (Please check all that apply.)

- Sports & Games
- Nurse's Assistant
- Theater & Entertainment
- Arts & Crafts
- Gardening
- Food & Nutrition
- Retail

Positions may include some lifting and moving of campers, vigorous activities, light custodial work, and long hours. Are there any reasons why you might have difficulty performing any of the essential elements of the volunteer position for which you are applying? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list any leadership roles you may have previously held or currently hold. \_\_\_\_\_

Please list any special skills, qualifications, or interests you may have (**please be as descriptive as possible**, we are always looking for exciting new talents to help develop and enrich our programs.) \_\_\_\_\_

Please list your hobbies and/or leisure activities. \_\_\_\_\_

Why would you like to volunteer with Camp Civitan? \_\_\_\_\_

What do you hope to gain from your experience with Camp Civitan? \_\_\_\_\_

**Volunteer Agreement:**

I have read and understand the above statements and rules. If the need arises for me (volunteer) to leave prior to the end of my camping session/ or program, I agree to promptly leave at my own expense. I also agree to attend any mandatory training meetings prior to and during my volunteering sessions. I will to the best of my abilities follow through and carry out my duties. I also understand that I am here to volunteer, help create a memorable camp experience for campers, and assist direct care staff in providing a safe and fun environment.

Signature of Volunteer\_\_\_\_\_ Date\_\_\_\_\_

Signature of Parent/Guardian\_\_\_\_\_ Date\_\_\_\_\_

**Application Completion:**

Please ensure that all parts of the application have been completed and are submitted at once. Only completed applications will be processed. A completed application includes the following:

\_\_\_\_\_ Application

\_\_\_\_\_ 2 References Forms

\_\_\_\_\_ Photo (This photo will be used for your identification card.)

\_\_\_\_\_ Copy of Current Insurance Card (if applicable)

Thank you for your application!



**Volunteer Reference Form**

This form should be given to an individual who has personal knowledge of your achievements, work ethic, and character. Please do not include relatives. Suggestions of appropriate references include teachers, coaches, pastors, employers, etc. Please fill your name in the space provided below and give this form to your reference for completion. This form should be returned with the application.

Volunteer Applicant: \_\_\_\_\_

**To the Reference:** Please fill out the following form and return to the applicant. If you prefer, you may return this form by mail or fax. We appreciate your time and willingness to complete this form for the aforementioned individual and ask that you be open and honest in your response. No applicant will be rejected on the basis of a single reference. Please feel free to omit any questions you are unable to answer adequately or use an extra sheet of paper if necessary. Strict confidence with regard to your response will be observed within the provisions of the law.

Name of Reference: \_\_\_\_\_

Company/School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Best Time to Contact: \_\_\_\_\_



How long and in what capacity have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

Indicate your feelings on how you believe the applicant will relate to individuals with developmental disabilities.

Describe your knowledge of any characteristics and/or special training/education the applicant may have for working with these individuals. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate any reasons you may have that the applicant would not be well suited to work with or around individuals with disabilities. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please evaluate the applicant in the areas listed below using the following scale: **1 = Poor, 2 = Below Average, 3 = Average, 4 = Above Average, 5 = Excellent.**

	<b>Poor</b>				<b>Excellent</b>
1) Dependability	1	2	3	4	5
2) Flexibility	1	2	3	4	5
3) Ability to work as a team	1	2	3	4	5
4) Communication Effectiveness	1	2	3	4	5
5) Honesty	1	2	3	4	5
6) Enthusiasm	1	2	3	4	5
7) Initiative	1	2	3	4	5

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



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Best Time to Contact: \_\_\_\_\_



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\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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4) Communication Effectiveness	1	2	3	4	5
5) Honesty	1	2	3	4	5
6) Enthusiasm	1	2	3	4	5
7) Initiative	1	2	3	4	5

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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