

2010 CAMP TO BELONG SUMMER CAMP
June 27 to July 2, 2010
TEMPORARY VOLUNTEER APPLICATION
PRINT CLEARLY

Date of Application _____

Name _____

Aka _____

Address _____

City _____ State _____ Zip _____

Length of Residency _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Date of Birth _____

Place of Birth _____

Gender M F

Height '

Weight lbs

Are you bilingual? Yes No

If yes, please list those languages that you are proficient in

Driver's License (#, state issued by, and expiration date)

DL # _____ State Issued _____ Expire Date _____

Camp To Belong requires clearances for all volunteers through the Department of Justice, Child Abuse Index and/or Investigative firms. Do you give Camp To Belong Consent to obtain these clearances with regards to you serving as a volunteer at Camp

To Belong Summer Camps? Yes No

Applicant Name: _____

Previous Address #1

Address _____

City _____ **State** _____ **Zip** _____

Length of Residency _____

EMPLOYMENT HISTORY

Present Employer

Employer _____

Address _____

City _____ **State** _____ **Zip** _____

Supervisor _____

Position _____ **Phone** _____

Employment Length Yrs Months

EMERGENCY INFORMATION

In the case of an emergency, please list those individuals we should contact.

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____

Camp To Belong is always in need of volunteers to assist in year-round activities. Please check those areas you would be interested in:

- Committee Member
- Sibling Connection Events
- Event Planning / Coordinating
- Group Leadership
- Camper and Counselor Recruitment Events
- Administrative (computer skills)
- Grant Writing
- Fundraising Events
- Other:

Applicant Name: _____

You can help send separated siblings to camp by conducting a fundraiser in your own community and donating the proceeds to CTB-GA. Some ideas are garage sale, casual day at work for a fee, bake sale, car wash, supply drive at your school or church (contact us for items needed).

Are you willing to do a fundraiser for CTB-GA? Yes No

I understand the opportunity to participate in Camp To Belong Summer Camp is a volunteer position, and therefore money for services will not be exchanged. If I am traveling to a camp site outside of my home geographic area, I understand I am responsible for all transportation costs to and from Summer Camp.

I understand that I will participate in volunteer training starting with reviewing documents that may come through regular mail and e-mail prior to camp, as well as attend on-site pre-camp training as included in the days for each camp noted above.

I authorize investigation of all statements herein and release Camp To Belong and all others from liability in connection with it. I understand that if I am chosen to volunteer, it will be at-will, and any agreement to the contrary must be in writing and signed by Camp To Belong. I also understand that untrue, misleading or omitted information herein or in other documents completed by the applicant will result in dismissal regardless of the time of discovery by Camp To Belong.

Applicant Name _____

Applicant Signature _____

Camp To Belong-Georgia is a non-profit, tax-exempt organization and gives equal opportunity to all volunteers.

Return your application by April 15, 2010 either by mailing to:
Camp To Belong - Georgia, 150 Carmel Ridge Road Canton, Ga. 30114

OR fax your signed copy to: 404-745-0454

To contact us, please call Debby at: 678 613 8482 or e-mail: sherri.collins@camptobelong.org

PLEASE NOTE: WE WILL CONTACT YOU TO CONFIRM RECEIPT OF APPLICATION.