

# S.T.A.R. Camp

## Volunteer Application (18+)



*Background check (paid by S.T.A.R. Camp) will be required for all volunteers.*

**Volunteer Information:**

Volunteer Name: \_\_\_\_\_

Email: \_\_\_\_\_

Gender:  M  F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Full Address: \_\_\_\_\_  
Address City Zip

Cell Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

T-shirt Size:  Adult  Child Select One:  XS  S  M  L  XL  XXL  XXXL

I will Volunteer:  Week 1  Week 2  Week 3

**Emergency Contact Information:**

Full Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Volunteer Preference:**

Preschool Age 3-5  Age 6-12  Age 13+

**Community Service Hours Needed?**  Yes  No For: \_\_\_\_\_  
Indicate for and date needed by

**Check one of the following:**  Self-Motivated  Need to work with someone

**Past Volunteer/Work Experience:**

*List up to three of your most recent volunteer experiences (if applicable):*

Project/Work	Location	Contact Name	Phone

**References:**

*List three references we can contact who have knowledge of your character, experience or abilities.*

Full Name/Occupation	Full business/home address	Phone

\*\*\*\*\*For Office Use Only\*\*\*\*\*

Current BCI Check on File  Yes  No Check by Staff: \_\_\_\_\_ Date: \_\_\_\_\_