

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

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: _____