



## Volunteer Application and Agreement Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Emergency

Contact: \_\_\_\_\_  
(Name) (Tele.No.; Indicate Home, Work or Cell) (Relationship)

When are you available to volunteer (specify hours of availability)?

- Monday \_\_\_\_\_  Tuesday \_\_\_\_\_  Wednesday \_\_\_\_\_  Thursday \_\_\_\_\_  Friday \_\_\_\_\_  
 Saturday \_\_\_\_\_  Sunday \_\_\_\_\_

Types of volunteer work you think you'd be most comfortable with:

- Helping with a group activity \_\_\_\_\_  
 Fundraising activities \_\_\_\_\_  
 Other; please describe: \_\_\_\_\_

List Your Past Volunteer Experiences:

Organization: \_\_\_\_\_ Duties: \_\_\_\_\_ Mo/Yr. to Mo./Yr. \_\_\_\_\_

Organization: \_\_\_\_\_ Duties: \_\_\_\_\_ Mo/Yr. to Mo./Yr. \_\_\_\_\_

Please describe role: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a crime? No  Yes  If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

BACKGROUND CHECK: Camp Sweet Life Adventures, Inc. requires volunteers working with children and the young adults with Type 1 Diabetes to submit to a background check. Criminal conviction does not necessarily bar an applicant from volunteering. The nature of the offense will be taken into consideration before a decision is made. There is no fee on the part of the volunteer for the background check. Screening must be completed before volunteers begin working.

\_\_\_\_\_ I agree to have a background check.

REFERENCES: List two people, not related to you who have knowledge of your qualifications.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

As a volunteer for Camp Sweet Life Adventures, Inc. (CSLA), I agree to abide by all applicable rules and regulations of the organization. I understand that I will receive no monetary benefits in return for my volunteer service and that CSLA may terminate this agreement at any time without prior notice for any reason. I hereby authorize CSLA to check my references, and I understand that a criminal background check is required.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the CSLA Board of Directors and orientation to perform my volunteer role.

I hereby Release and Waive liability against Camp Sweet Life Adventures, Inc., a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself may suffer in connection with any volunteer work for CSLA. Further, I agree that CSLA is not liable for any damage to my property resulting from volunteer work.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_