



Camp Volunteer Application

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 interest with our available opportunities. Please fill in the application as completely as possible.

Contact Information:

| | | | |
|---------------|------------|----------------|----------|
| Last Name | First Name | Middle Initial | |
| Street | City | State | Zip Code |
| Home Phone | | Cell Phone | |
| Email Address | | T-Shirt Size | |

If the applicant is under 18 years of age, please provide the following information.

Guardian Information:

| | | | |
|---------------|------------|--------------|----------|
| Last Name | First Name | | |
| Street | City | State | Zip Code |
| Home Phone | | Cell Phone | |
| Email Address | | Relationship | |

Health Information:

| | |
|----------------------|-------------------------------|
| Insurance Company | Policy # |
| Policy Holder | Relationship to Policy Holder |
| Allergies | Birthday |
| Dietary Restrictions | Age |

Insurance Information (If accepted, a copy of your insurance card will be required. If you do not have insurance, you will be able to sign a waiver that will allow you to participate.)



Prior Volunteer Experience:

| | |
|-------------------------|--------------------|
| Organization/Company #1 | Contact |
| Phone | Email Address |
| Duties | |
| Length of Time | Reason for Leaving |
| Organization/Company #2 | Contact |
| Phone | Email Address |
| Duties | |
| Length of Time | Reason for Leaving |
| Organization/Company #3 | Contact |
| Phone | Email Address |
| Duties | |
| Length of Time | Reason for Leaving |

Criminal History:

Have you ever been charged with or convicted of a felony? Yes No

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

Have you ever been charged with or convicted of any crime involving the use, possession, or the furnishing of drugs or paraphernalia? Yes No

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

If you answered "yes" to any of the above questions, please explain.

| |
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Answer only if you are 18 years or older.

To the best of your knowledge, are you able to pass level 1 fingerprint clearance? Yes No

Additional Information:

| | |
|---|---|
| Please list any experience you have working with individuals with special needs. | |
| Please list any leadership roles (club officer, team captain, etc.) you have held/hold. | |
| Please list any special skills, qualifications, or interests you may have. | |
| Please share why you would like to volunteer at Camp Civitan. | |
| Please share what you hope to gain from your experience at Camp Civitan. | |
| How did you hear about Civitan? | |
| Have you volunteered with Civitan before? <input type="checkbox"/> Yes <input type="checkbox"/> No | Some volunteer duties require lifting, vigorous activity, light custodial work, and long hours. Is there any reason you might have difficulty performing these duties? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you answered "yes" to the above question, please provide dates or time period. | If you answered "yes" to the above question, please explain. |

References:

| | |
|--------------|---|
| #1 Last Name | First Name |
| Phone | How long have you known this person? |
| Email | Type of acquaintance (check all that apply) <input type="checkbox"/> Supervisor <input type="checkbox"/> Teacher <input type="checkbox"/> Friend Other: |
| #2 Last Name | First Name |



| | |
|-------|---|
| Phone | How long have you known this person? |
| Email | Type of acquaintance (check all that apply) <input type="checkbox"/> Supervisor <input type="checkbox"/> Teacher <input type="checkbox"/> Friend Other: _____ |

If you have not volunteered with Civitan before, please provide the two (2) individuals from above with the link below and have them complete the Volunteer Reference Form. These references should be individuals who have 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 note: The Volunteer Reference Form must be completed by two (2) individuals in order for your application to be accepted.

<http://www.civitanfoundationaz.com/get-involved/volunteer/>

Disclosure Statement:

1. I understand that, dependent upon volunteer assignment, Agency volunteers 18 years of age or older must be fingerprinted and cleared by the DES Office of Investigations.
2. If accepted, I agree to be governed and abide by all Agency rules and regulations.
3. I understand that as a volunteer I will not receive compensation or benefits for my services. Furthermore, I understand that I am not covered under the Civitan Foundation, Inc.'s Worker's Compensation plan.
4. I authorize inquiry with regard to my character, ability, and habits of any and all persons, and agree to hold such persons harmless with respect to any information that they may provide.
5. I certify that the information I have provided herein is true, and I understand that any misstatement or omission of facts may disqualify me or be cause for dismissal regardless of the time of discovery by the Civitan Foundation, Inc.
6. I understand that all volunteer positions are offered for an indefinite duration, "at will," and may be terminated at any time without cause.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Upon completion of Camp Volunteer Application please **save** file to your computer and email to volunteer@campcivitan.org or fax to 602-953-2946.