

CAMP LOVE'S EMBRACE VOLUNTEER APPLICATION FORM

Please complete each section. Please print or type.

Mr.____ Mrs.____ Ms.____ Dr.____ Rev.____
First Name: _____ MI: _____
Last Name: _____

Address: _____ Apt. # _____
City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____
Fax Number: _____
E-mail: _____

Social Security #: _____ - _____ - _____ Birthdate: ____/____/____

Occupation: _____
Employer: _____
Employer Address: _____

EDUCATION: *Note-Selection of volunteers is not based on education*

Name of School: _____
Course of Study: _____
Degree Earned: _____

Name of School: _____
Course of Study: _____
Degree Earned: _____

Name of School: _____
Course of Study: _____
Degree Earned: _____

1. What experience have you had working with children? _____

2. What camping experiences have you participated in ? _____

3. What are your hobbies? _____

4. What is your Adult T-Shirt size?

Small ___ Med ___ Large ___ XL ___

References:

Name & Relationship

Address:

Bereavement History:

Please complete the Bereavement History Form below for any significant losses you have experienced.

**Your Relationship
To the Deceased**

**Year of
Death**

**Your age
At Loss**

Cause of Death

Additional Comments: