



Application for Volunteer Services

Please complete each section fully and accurately. Use the back of the last page if you need additional space. Please print clearly or type, and remember to sign the application in the space provided at the end of the form. SV FACES does not discriminate on the basis of race, sex, color, disability, national origin, ancestry, religion, creed, age, marital status, sexual orientation, citizenship or authorized alien status, veteran status, or any other basis prohibited by law.

Name: _____ Soc. Sec. #: _____

Address: _____ Home #: _____

_____ Zip _____ Work #: _____

E-mail: _____ Cell #: _____

Are you at least 18 years of age? If no, please list age: _____ YES NO

Is there anything that will prevent you from performing the essential functions of the position for which you are applying, with or without reasonable accommodations? If yes, please explain: _____ YES NO

How were you referred to SV FACES? _____

Have you ever done volunteer work? YES NO
If yes, please explain when and where:

Have you ever been convicted of a felony within the last 7 years? YES NO
If yes, please explain, including date and location :

Education *Please list the school and location, degree/diploma earned or number of years of study completed, and course of study, for the highest level of education achieved.*

| | | |
|-------------------|-----------------|-----------------|
| | Degree/Diploma | |
| School & Location | Or No. of Years | Course of Study |

Skills and Training *Please summarize special job-related skills, training and other qualifications from your previous employment or other experience.*

Employment *Please list your most recent employers*

Employer _____ Dates employed _____ to _____
Address _____ Job Title _____
_____ Supervisor _____
Telephone _____
Duties _____

Employer _____ Dates employed _____ to _____
Address _____ Job Title _____
_____ Supervisor _____
Telephone _____
Duties _____

References:

| Name | Relationship | Years Known | Phone No. |
|------|--------------|-------------|-----------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Certification

I certify that the information provided in this application is true and complete. I authorize SV FACES to investigate in this application and to secure any necessary information from all employers, references, academic institutions, and other organizations. I also agree to execute any additional written authorizations necessary for SV FACES obtain access to and copies of records pertaining to this information. I agree to release any person, company, or other institution from any and all cause of action that otherwise might arise from supplying SV FACES with information if may request pursuant to this release.

I understand that acceptance of my offer to volunteer services to SV FACES is contingent upon receipt of satisfactory responses to any or all investigations conducted by SV FACES. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application, or for my immediate discharge if discovered after I begin providing volunteer services.

I agree to comply with all applicable policies, procedures and rules of SV FACES, and I understand that any violation may result in my immediate dismissal as a volunteer. I understand that nothing in this application, or in acceptance of my offer of to volunteer services, is intended to create an employment contract between SV FACES and me.

I hereby acknowledge that I have read and understand the preceding statement.

Signature

Date

SV FACES Camp Everytown

Staff/Counselor Medical Information-Voluntary Self-Identification

Medical Information

Name: _____

Emergency Contact 1) _____ Relationship _____
 Phone _____

2) _____ Relationship _____ Phone _____

Current medical conditions _____

Activity limitations _____

Allergies (food, meds, bee stings, etc.) _____

Additional comments or instructions, including special dietary considerations

 _____ (use back of sheet if necessary)

Medications (list all, & purpose, dose, frequency) _____

Personal Physician _____ Phone _____

Dentist _____ Phone _____

Insurance Carrier _____ Medical Insurance # _____

SV FACES will not discriminate against anyone because of race, sex, color, national origin, ancestry, religion, creed, age, marital status, sexual orientation, citizenship, or authorized alien status, veteran status or any other basis prohibited by law. SV FACES also seeks to ensure diversity at Camp Everytown to match that of the delegates. Please mark all categories below that apply.

SEX

MALE _____
 FEMALE _____

FAITH

BUDDHIST _____
 CATHOLIC _____
 CHRISTIAN _____
 HINDU _____
 JEWISH _____
 MORMON _____
 MUSLIM _____
 PROTESTANT _____
 OTHER (specify) _____

ETHNICITY

WHITE (not of Hispanic origin) _____
 BLACK (not of Hispanic origin) _____
 LATINO(A) _____
 ASIAN or PACIFIC ISLANDER _____
 AMERICAN INDIAN or ALASKAN NATIVE _____
 ASIAN INDIAN _____
 BI-RACIAL _____
 OTHER (specify) _____

VETERAN STATUS

Are you a disabled veteran? (Y/N) _____
 Are you a Vietnam veteran? (Y/N) _____

Name (print) _____

Check this box if you elect not to
 Provide the information requested.

Signature _____

Date _____