

AMERICAN CANCER SOCIETY GREAT WEST DIVISION Childhood Program Volunteer Application



Date _____

Name _____

Are you at least 19 years of age? _____ Date of Birth (optional) _____

Home Address _____ City/State _____ Zip _____

Bus. Address _____ City/State _____ Zip _____

Home Phone _____ Bus. Phone _____ Cell Phone _____

Preferred time and place to be reached: A.M. _____ P.M. _____ Home _____ Work _____

Preferred mailing: Home _____ Work _____ E-mail Address _____

EDUCATION

School	Year Graduated	Degree/s
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK EXPERIENCE

Agency	Address	Position	Dates of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES (Must list three -- an inquiry will be sent out)

Name	Mailing Address	Zip	Occupation	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Previous work with children (Professional and Personal)

Have you ever attended summer camp/retreats as a camper? _____

If yes, what type? _____

Have you ever worked at a camp? _____ Position held _____

What type of camp? _____ Years worked _____

List name and address of camps previously worked:

Are you interested in being: _____ Camp Counselor _____ Medical Staff _____ Kitchen Staff

What qualities could you bring to camp?

Why are you interested in being a volunteer?

Has any member of your family or a close friend ever had cancer or been seriously ill? _____

Have you ever been seriously ill? _____

Explain _____

Why do you think a summer camp experience is important for these children? _____

How did you find out about our program? _____

Additional volunteer experience: _____

For those interested in being a camp counselor, fill out this section.

Please put a **1** by those activities you could instruct, a **2** by those activities you could assist, and a **3** by those which you do not/can not participate in. Please list any appropriate experience.

<u>Sample Activities</u>	<u>Number</u>	<u>Experience</u>
Aerobics	_____	_____
Archery	_____	_____
Arts and Crafts	_____	_____
Backpacking/Outdoor Survival	_____	_____
Canoeing	_____	_____
Creative Writing/Newsletter/Yearbook	_____	_____
Dance	_____	_____
Drama	_____	_____
First Aid	_____	_____
Group Singing	_____	_____
Guitar	_____	_____
Nature Studies	_____	_____
Needle crafts	_____	_____
Orienteering	_____	_____
Outdoor Cooking	_____	_____
Hiking	_____	_____
Photography	_____	_____
Rappelling	_____	_____
Ropes Course	_____	_____
Soccer	_____	_____
Swimming	_____	_____
Team Sports	_____	_____
Volleyball	_____	_____
Other	_____	_____

* Please be advised that in compliance with our certification procedures, all applicants may be subject to the following:

- A. Criminal Background Check
- B. Drug Screening
- C. Review of Driving Record

Please check all that apply and attach a photocopy of any certifications checked below:

_____ Current CPR Training _____ Current First Aid Training
_____ Lifeguard Certification _____ Physician
_____ EMT _____ Paramedic _____ Licensed Nurse
_____ Bilingual (specify language _____)
Drivers License Number & State _____

Which activities are you most interested in?

Summer Camp	Retreats
_____ AZ Camp Sunrise (For kids with cancer, Late July)	_____ AZ Sunrise/Sidekicks Winter Retreat (For kids with cancer and siblings, 13-16 yrs. Feb.)
_____ AZ Sunrise Sidekicks (Siblings of kids with cancer, Mid July)	_____ AZ Sunrise/Sidekicks Spring Retreat (For kids with cancer and siblings, 8-12 yrs. April)
_____ AZ Camp Sunrise Family Camp (Families, Mid July)	_____ Year Round Teen or CIT (17 & 18 yr old) Activities
_____ Other Activities	

Note: Arizona Camp Sunrise greatly appreciates the many and varied offers of volunteer assistance for this outstanding program. Selection of volunteers for the camp will be based on needs in all areas of the camping experience, however, space and positions are limited. We are indebted to you for your support.

* I hereby certify that all the information given on this application is true. Any false statement may be cause for immediate dismissal.

Signature of Applicant _____

Mail back to: Arizona Camp Sunrise 4550 E Bell Rd Ste. 126, Phoenix AZ 85032