

Volunteer Application



CAMP DEL CORAZON

A non-profit organization providing year-round opportunities for children with heart disease.

Name: _____ Camp Name: _____

Male Female Date of Birth: _____ T-Shirt Size: _____

Address: _____ City: _____

State: _____ Zip: _____ E-Mail: _____

Home Phone: _____ Alternate Phone: _____

Are you 19 years of age or older? Yes No

This will be my _____ year volunteering for Camp del Corazon.

How did you hear about Camp del Corazon? _____
If from a person/current volunteer, please indicate who.

✓ Check Position and Session Desired

(Do not mark more than two; Please indicate first and second choice.)

- | | | |
|---|---|--|
| <input type="checkbox"/> CABIN COUNSELOR | <input type="checkbox"/> ARTS & CRAFTS | <input type="checkbox"/> TECHNICAL COORDINATOR |
| <input type="checkbox"/> NURSE COUNSELOR (RN) | <input type="checkbox"/> WATERFRONT | <input type="checkbox"/> CLIMBING WALL/ADVENTURE |
| <input type="checkbox"/> MED NURSE (RN) | <input type="checkbox"/> ARCHERY SPECIALIST | <input type="checkbox"/> TARGET SPORTS |
| <input type="checkbox"/> MEDICAL DOCTOR | <input type="checkbox"/> NATURE SPECIALIST | <input type="checkbox"/> OTHER: _____ |

Session 1: Catalina Camp (Jr. Camp 7-13)

Session 2: Catalina Camp (all ages)

Session 3: Catalina Camp (Teen Camp 14-17)

I am a NEW applicant

I am RETURNING applicant

You may attend multiple sessions... If marking more than one, please indicate your 1st and 2nd choice sessions.

Work experience/Education: Including volunteer work

Employer: _____ Responsibilities: _____

Dates: _____ Phone Number: _____

Education: Grade or Degree completed _____

School: _____ Major: _____ Date completed: _____

Experience/Certifications: Please list any certifications (Lifeguard, CPR, First Aid, etc.) **Attach copies** of all certificates to your application. **All physicians and RN's:** Please attach a **current copy** of your medical license.

Have you ever been convicted of a crime involving alcohol, drugs, sex or violence? Y N
(If yes, please attach an explanation)

By my signature, I certify that the information contained in this application is complete and accurate to the best of my knowledge. I authorize Camp del Corazon and/or its agents to contact any reference and examine any applicable records, which may attest to my character and suitability for a volunteer staff position.

Signature: _____ Date: _____



