

## VOLUNTEER APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Age \_\_\_\_\_

Days Available: \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri

Times Available: \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon  
\_\_\_\_\_ Evening \_\_\_\_\_ other (please list) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please indicate any skills / experience you feel would benefit our organization:

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What type of volunteer work/service are you interested in doing? \_\_\_\_\_

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Why do you want to volunteer for Camp Courageous / The Arc?: \_\_\_\_\_

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What do you hope to gain from your experience: \_\_\_\_\_

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Do you have any allergies or medical conditions that we need to be aware of? \_\_\_\_\_

If yes, please list/explain: \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Please list your past volunteer experiences:

Organization: \_\_\_\_\_ Duties: \_\_\_\_\_ Mo/Yr to Mo/Yr: \_\_\_\_\_

Organization: \_\_\_\_\_ Duties: \_\_\_\_\_ Mo/Yr to Mo/Yr: \_\_\_\_\_

Have you ever been convicted of a felony?: \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_

Feel free to tell us anything else about yourself (hobbies, interests, personal goals, etc...) that you would like to share.

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REFERENCES:

Please list two people, not related to you, who have knowledge of your qualifications/skills:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

As a volunteer for Camp Courageous & The Arc of Northwest Ohio, Inc., I agree to abide by all applicable rules and regulations of the organization. I understand that I will receive no monetary benefits in return for my volunteer service and that the organization may terminate this agreement at any time. I hereby authorize Camp Courageous & The Arc of Northwest Ohio, Inc. to check my references.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably.

I understand that my information will be reviewed and my eligibility for volunteer work will then be determined.

I hereby release and waive liability against Camp Courageous & The Arc of Northwest Ohio, Inc., a non-profit agency, its directors, officers, employees, and agents, for any injuries or illness that I myself may suffer in connection with any volunteer work performed. Further, I agree that Camp Courageous & The Arc of Northwest Ohio, Inc., is not liable for any damage to my property resulting from my volunteer work.

I grant permission to Camp Courageous & The Arc of Northwest Ohio, Inc. to use my name and photo and likeness in all forms, including printed, electronic, digital, web, video, audio, and/or other media, for publication, display or other uses as deemed appropriate by the agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Staff Only:*

This individual will be volunteering at (please circle): Camp Courageous    The Arc

Duties/Job Assigned: \_\_\_\_\_

Reports To: \_\_\_\_\_

Days/Hours Scheduled: \_\_\_\_\_

Volunteer Timeframe *(if applicable)*: \_\_\_\_\_

This individual will not be volunteering due to the following reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date