



Camp Volunteer Application

(Please download the application file to your desktop - do not complete the form online.)

Thank you for your interest in Camp Civitan. Volunteers play a crucial role in the successful operations at Camp, and we are thrilled that you would like to be a part of what we do. We recognize how valuable your time and talents are and wish to provide you with an opportunity that is engaging and fulfilling. For that reason, we ask you to please take a few moments to fill out the following forms to better help us match your abilities and interest with our available opportunities. Please fill in the application as completely as possible.

Volunteer Information						
Last Name: First Nar		ame:	me:		Middle Initial:	
Home Address:		City:		State:	Zip Code:	
Mailing Address (if different from above):		City:		State:	Zip Code:	
Home Phone:			Cell Phone:			
Email Address:				Unisex T-Shirt Size:		
Guardian Information						
Last Name:		First Name:				
Mailing Address (if differe	nt from above):	City:		State:	Zip Code:	
Home Phone:			Cell Phone:	I	I	
Email Address:		I	Relationshi	p:		
Health Information						
Insurance Company:		Policy #:				
Policy Holder Name:		Relationship to Policy Holder:				
Allergies (Food and Non-	-food):				Birthdate:	
Dietary Restrictions:						
Current Medications (Ple	ase note: ALL me	dications r	must be signed i	n upon check-in):	

If accepted, a copy of your insurance card will be required. If you do not have insurance, a waiver will be available to allow participation.

Pg. 1

Office: 602-953-2944





Prior Volunteer Experience	
Organization/Company #1:	Contact:
Phone:	Email Address:
Duties:	
Length of Time:	Reason for Leaving:
Organization/Company #2:	Contact:
Phone:	Email Address:
Duties:	
Length of Time:	Reason for Leaving:
Organization/Company #3:	Contact:
Phone:	Email Address:
Duties:	
Length of Time:	Reason for Leaving:
Criminal History: Have you ever been charged with or convicted of a felon	y? ☐ Yes ☐ No
Have you ever been charged with or convicted of any cri weapon? ☐ Yes ☐ No	me involving a sex offense, an assault or the use of a
Have you ever been charged with or convicted of any cri drugs or paraphernalia?	me involving the use, possession or the furnishing of
Have you ever been convicted of any crime relating in ar ☐ Yes ☐ No	ny manner to children and/or your conduct with them?
If you answered "yes" to any of the above questions, please ex	xplain.
Answer only if you are 18 years or older. To the best of your knowledge, are you able to pass Level 1 F	ingerprint Clearance? ☐ Yes ☐ No

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Pg. 2





Additional Information

Please list any experience you have working with individ	luals with disabilities.
	4.30
Do you speak any other Language? If so, what language	e(s)?
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Please list any leadership roles (club officer, team capta	in, etc.) you have held/hold.
Please list any special skills, qualifications, or interests y	you may have
Flease list any special skills, qualifications, of interests y	ou may have.
Please share why you would like to volunteer at Camp (Divitan.
Please share what you hope to gain from your experience	ce at Camp Civitan.
, , , , ,	'
How did you hear about Civitan?	
Have you volunteered with Civitan before?	Some volunteer duties require lifting, vigorous
Yes No	activity, light custodial work, and long hours. Is
	there any reason you might have difficulty
	performing these duties? Yes No
	·
If you answered "yes" to the above question, please	If you answered "yes" to the above question,
provide dates or time periods.	please explain.

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Pg. 3





References

#1 Last Name	First Name
Phone	How long have you known this person?
Email	Type of acquaintance (check all that apply) Supervisor Teacher Friend Other:
#2 Last Name	First Name
Phone	How long have you known this person?
Email	Type of acquaintance (check all that apply) ☐ Supervisor ☐ Teacher ☐ Friend Other:
	Other:

If you have not volunteered with Civitan before, please provide the two (2) individuals listed above with the link below and have them complete the Volunteer Reference Form. These references should be individuals who have personal knowledge of your achievements, work ethic, and character. Please do not include relatives. Suggestions of appropriate references include teachers, coaches, pastors, employers, etc. Please note: The Volunteer Reference Form must be completed by two (2) individuals before your application will be processed.

Reference Form Link: https://bit.ly/36Ep8Ze (Please right click & open the link in a new tab/window.)

Disclosure Statement:

- 1. I understand that dependent upon volunteer assignment, Agency volunteers 18 years of age or older must be fingerprinted and cleared by the DES Office of Investigations.
- 2. If accepted, I agree to be governed and abide by all Agency rules and regulations.
- 3. I understand that as a volunteer I will not receive compensation or benefits for my services. Furthermore, I understand that I am not covered under the Civitan Foundation, Inc.'s Worker's Compensation plan.
- 4. I authorize inquiry regarding my character, ability, and habits of any and all persons, and agree to hold such persons harmless with respect to any information that they may provide.
- 5. I certify that the information I have provided herein is true, and I understand that any misstatement or omission of facts may disqualify me or be cause for dismissal regardless of the time of discovery by the Civitan Foundation. Inc.
- 6. I understand that all volunteer positions are offered for an indefinite duration, "at will," and may be terminated at any time without cause.

Applicant's Signature:	Date:	
Parent/Guardian's Signature:	Date:	

Upon completion of the Camp Volunteer Application please SAVE the file to your computer and email it to rwalborn@campcivitan.org or fax to (602) 953-2946, Attention: Volunteer Coordinator.

Pg. 4

Office: 602-953-2944





Availability

We are currently offering weekend camps through April 2023. Weekend camps are open for **returning** volunteers ONLY. New volunteers are welcome to apply for the Summer 2023 season and will be notified when the summer schedule is released.

Upon receipt and review of this application, you will be contacted for an interview. If you are chosen for our Camp program, you will be required to obtain your food handler's card and attend an orientation prior to your volunteer dates. Once our 2023 Summer Camp Schedule is released you will be notified and asked to choose which week(s) you are available to volunteer.

Application	Photo	
	Convert Current Incurence Cord (if applied	مام
2 Reference Forms	Copy of Current Insurance Card (if applica	bie

www.civitanfoundationaz.org Volunteer Application Office: 602-953-2944 Fax: 602-953-2946 <u>voluntee</u>
Pg. 5