

VOLUNTEER APPLICATION

Mail completed application to **Camp New Hope, Inc.**, PO Box 764, Mattoon, IL 61938. Questions? Call (217)895-2341 or email us at cnhinc@rr1.net.

Last name _____ First name _____ Middle Initial _____

Address _____

City _____ State _____ Zip code _____

Phone number(s) _____ E-Mail address _____

Who do you want us to call in case of an emergency?

Name _____ Phone number(s) _____

Address: _____ Relationship: _____

Education and Work Experience

What skills do you have that you wish to share with us? _____

Current Employment: _____

<p>Circle last grade completed:</p> <p>high school 9 10 11 12</p> <p>college 1 2 3 4</p> <p>college major _____</p> <p><u>Volunteer environment preference:</u></p> <p><input type="checkbox"/> I prefer to work with younger campers</p> <p><input type="checkbox"/> I prefer to work with older campers</p> <p><input type="checkbox"/> Camper age doesn't matter to me.</p> <p><input type="checkbox"/> I prefer not to work directly with campers.</p>

Activity Preference

- buddy with campers
- mailings/special projects
- arts/crafts
- fishing/boating
- computer/ website
- housekeeping
- other (explain) _____

Availability: Monday Tuesday Wednesday Thursday Friday Weekends

Mornings Afternoon Day Evening Summer only

Character References

Name _____ Phone number(s) _____

Name _____ Phone number(s) _____

Are you required to volunteer? yes no if yes, by whom? _____

Describe any work or volunteer experience with individuals with developmental disabilities? _____

Why do you want to volunteer at Camp New Hope, inc.? _____

How did you hear about our volunteer program? _____

Completion and signing of this application gives Camp New Hope, Inc. permission to perform a background check including criminal history and DCFS CANTs.

Signature _____ Date _____

Office Use only: Reviewed by: _____ Date: _____