



1632 Ainsdale Drive
Roseville, CA 95747
www.camphopeca.com
info@camphopeca.com

Volunteer Application

Date _____

Legal Name(As on Drivers License)_____

Address_____

Phone # _____ Alternative Phone # _____

Best phone number and best time to reach you _____

Email address _____

Age _____ Date of Birth:_____ SS# _____

How did you hear about Camp Hope? (Please note if you were referred by a Camp Hope Volunteer?)

Shirt Size: Sm Med Lrg Sweatshirt Size: Sm Med Lrg Xlrg

Present/Most Recent Employer 1._____

Position_____

How long have you worked here? _____

References- Please include two references:

1._____

Phone # _____ Relationship_____

2._____

Phone # _____ Relationship_____

Previous Camp Experience- Include any camp where you were employed or attended.

1._____

Dates _____ Location_____

2._____

Dates _____ Location_____

We are never alone in this world for we are all connected by heartstrings and hope. -Flavia

Volunteer and Community Service Experience

1. _____ Position _____

Duties _____ Location _____

2. _____ Position _____

Duties _____ Location _____

Please list any volunteer trainings completed. _____

What other languages do you speak? _____

Have you ever been convicted of a crime? _____ If yes, please explain. _____

Do you prefer working with any specific age of children? _____

If yes, please explain. _____

Why do you want to be a volunteer at Camp Hope? _____

What contributions do you think you can bring to Camp Hope? _____

All Volunteers at Camp Hope have experienced the grief process following a death in their lives.

Please tell us a little about whose death you experienced and your journey through grief.

Describe your experiences working with children. _____

Describe how you set boundaries and discipline children. _____

Please add any additional information about yourself that you wish to include for review by Camp Hope.
