



Volunteer Position Desired: _____

August 8-10, 2024

VOLUNTEER APPLICATION

Thank you for your interest in becoming a volunteer for Camp Sunrise. This application was developed specifically for participation in our program, and therefore, some of the questions may seem unduly personal and private. However, the information given will be kept strictly confidential. **Applications must be received before July 19.**

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone: (H) _____ (W) _____ (C) _____

E-Mail Address: _____ Date of Birth: _____

Person to notify in case of emergency: _____ Phone: _____

Family Physician: _____ Phone: _____

Do you have any impairment, physical, mental or emotional, which may interfere with your ability to perform this job? Yes No If yes, please explain: _____

Would you be available the entire time from 3p August 8 to 2p August 10 for Camp Sunrise?
 Yes No Comments: _____

Would you be staying on site overnight? Yes No

Relevant volunteer/employment experience:

Agency Name	Address	From – To	Job Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CONTINUED

Please explain your basic reason for seeking to volunteer at Camp Sunrise: _____

Please list any special interests, skills or qualifications (arts, crafts, music, foreign languages, drama/theatre, etc.): _____

Please list previous losses you have had:

What age group would you prefer to work with? 7-8 9-11 12-14 No preference

Because being a volunteer at Camp Sunrise requires that you work closely with children, a completed criminal background check will be required prior to camp, as well as fingerprinting.

By signing this application, I hereby grant permission to the staff of Camp Sunrise to conduct a complete and comprehensive background investigation including criminal history.

Applicant's Signature

Date

*If you are under 18 years of age, parental consent is required.

- I am willing and desire my child/ward to participate in Camp Sunrise and authorize him/her to participate in camp activities including hiking and swimming.
- I further authorize my child/ward to receive emergency medical care as needed.
- Lastly, I authorize Camp Sunrise to use photographs of my child/ward in the promotion and publicity of Camp Sunrise with the understanding that my child/ward's last name will be withheld.

Signed: _____ Date: _____
(Parent/Guardian)

T-Shirt Size: Small Medium Large X-Large XX-Large

Please return this completed application by July 19 to Barton Hospice via: Email tbruess@bartonhealth.org or Fax (530) 541-2653 or Mail/In-Person 2092 Lake Tahoe Blvd., Ste. 500, South Lake Tahoe, CA 96150