

# Camp Love's Embrace Volunteer Application Form

---

*Please complete each section. Please print or type.*

Mr.\_\_\_\_ Mrs.\_\_\_\_ Ms.\_\_\_\_ Dr.\_\_\_\_ Rev.\_\_\_\_  
First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: ( )\_\_\_\_-\_\_\_\_ Home Phone: ( )\_\_\_\_-\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

**EDUCATION: *Note-Selection of volunteers is not based on education***

Name of School: \_\_\_\_\_  
Course of Study: \_\_\_\_\_  
Degree Earned: \_\_\_\_\_

Name of School: \_\_\_\_\_  
Course of Study: \_\_\_\_\_  
Degree Earned: \_\_\_\_\_

Name of School: \_\_\_\_\_  
Course of Study: \_\_\_\_\_  
Degree Earned: \_\_\_\_\_

1. What experience have you had working with children? \_\_\_\_\_

\_\_\_\_\_

2. What camping experiences have you participated in ? \_\_\_\_\_

\_\_\_\_\_

3. What are your hobbies? \_\_\_\_\_

\_\_\_\_\_

4. What is your Adult T-Shirt size?

Small \_\_\_ Med \_\_\_ Large \_\_\_ XL \_\_\_

**References:**

**Name & Relationship**

**Address & Telephone #**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bereavement History:**

**Please complete the Bereavement History Form below for any significant losses you have experienced.**

**Your Relationship  
To the Deceased**

**Year of  
Death**

**Your age  
At Loss**

**Cause of Death**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments:**