



Thank you for your interest in volunteering with CAMP WITHOUT BORDERS! We rely 100% on volunteers to help facilitate our travel programs, therefore your support is greatly appreciated! As a travel volunteer, you will get a chance to see new places, meet a new group of friends and experience the fun of taking a road trip! Each volunteer is an integral part of the team and helps all aspects of the travel program- supporting the needs of the travel participants (physical, emotional, behavioral,) adapting and facilitating activities as well as bringing your positive energy to the trips!

## **VOLUNTEER APPLICATION FORM**

Please carefully complete and sign all areas of the application form.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Birthday (mm/dd/yy) \_\_\_\_\_ Phone# \_\_\_\_\_

Email \_\_\_\_\_ Gender \_\_\_\_\_

### **VOLUNTEER AND COMMUNITY EXPERIENCE**

Organization \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Your Position \_\_\_\_\_ Phone # \_\_\_\_\_

Duration of experience? \_\_\_\_\_

Please describe the nature and responsibilities of the work/ experience.

---

---



---

---

Organization \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Your Position \_\_\_\_\_ Phone # \_\_\_\_\_

Duration of experience? \_\_\_\_\_

Please describe the nature and responsibilities of the work/ experience.

---

---

---

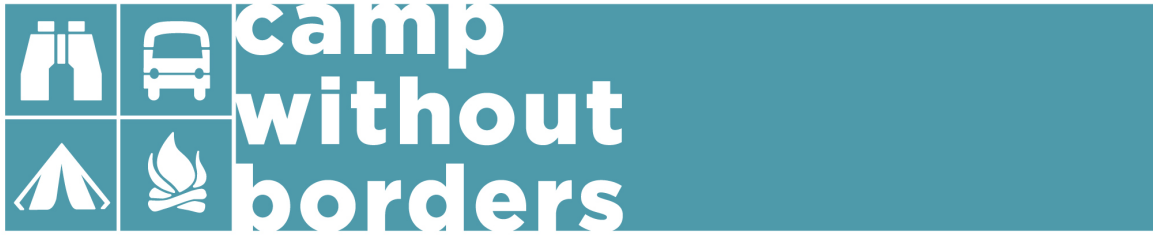
---

**Do you hold valid certifications in any of the following?**

*Please provide a copy of the certifications along with your volunteer application.*

- First Aid: Expires \_\_\_\_\_  Lifeguard  
 CPR: Expires \_\_\_\_\_  Driver's License If so, which class? \_\_\_\_\_

Other \_\_\_\_\_



## EDUCATION

### **High School**

Name \_\_\_\_\_ Location \_\_\_\_\_

Dates Attended \_\_\_\_\_

### **College / University**

Name \_\_\_\_\_ Location \_\_\_\_\_

Dates Attended \_\_\_\_\_ Certificate(s)/ Degree \_\_\_\_\_

### **Other education**

\_\_\_\_\_

## EMPLOYMENT

Company/ Organization \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Dates of employment \_\_\_\_\_ Position \_\_\_\_\_

Please describe the nature of your employment

\_\_\_\_\_

\_\_\_\_\_



Company/ Organization \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Dates of employment \_\_\_\_\_ Position \_\_\_\_\_

Please describe the nature of your employment

---

---

### **REFERENCE**

*Please provide TWO references with persons familiar with your abilities, knowledge and/or work experience.*

Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

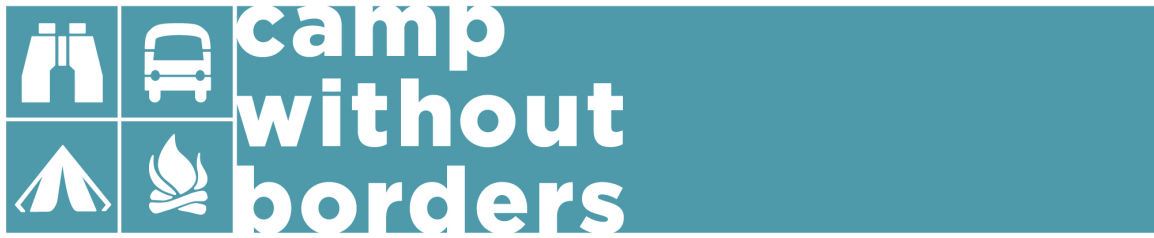
Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

### **Please answer the following questions.**

1. Tell us about yourself.



2. Why do you want to volunteer at Camp Without Borders?

3. Please share any of your relevant experiences with program facilitation and/ or supporting individuals with medical illnesses and disabilities.



## **APPLICANT'S CERTIFICATION AND AGREEMENT**

I, \_\_\_\_\_ (Name of applicant) hereby authorize Needs of the Community (NOC) Society to obtain information pertaining to any charges or convictions I may have for federal and /or state criminal or other violations. This information will include, but not limited to; allegations and convictions committed upon minors, and will be gathered from any law enforcement agency of any province or federal government agency or authority.

I hereby authorize and instruct all persons, public agencies, courts, schools, employer companies and corporations to supply Needs of the Community Society verification of the information provided in my application, including without limitation evaluations of my prior performances, and I hereby release them from liability from their doing so.

The above statements are true and complete in all respects.

I understand the commitment required to fulfill the responsibilities of a volunteer at Needs of the Community Society's program Camp Without Borders.

I understand that if accepted in a volunteer position at Camp Without Borders, I am subject to dismissal if any of the information on this application is false or has been omitted, and that I may be required to furnish documents supporting statements herein.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Please submit your completed form to [zac.gannett@nocsociety.org](mailto:zac.gannett@nocsociety.org)**