



Volunteer Application

(Please print clearly & circle yes/no)

First Name _____ Middle Initial _____ Last Name _____

Email Address _____ Are you: Male or Female? _____

Phone# _____ Emergency Contact # & name _____

Marital Status M / S /. Are you a veteran? Y / N # of years in the service _____

How did you hear about us? _____

Highest Certificate: High School Diploma/GED Some College/ Bachelor's Degree/ Other

Have you ever been incarcerated? Y/ N How many times _____ How long _____

If yes, describe nature of crime(s) _____

Date of Release _____ Where? _____

What special skills &/or talents would you like to contribute to Camp Haven? (List):

What hours & days are you available to volunteer? _____

Other agencies &/or groups you have/currently volunteer at (List): _____

List (1) References (Name & Phone Contact):

Are you a full time resident of I.R.C.? Yes/ No If a snow bird when do you return home? _____

All information is for staff use only and questions asked for the safety and best interest of you & our residents.

Please be aware that some residents may: have been incarcerated, may have mental and emotional challenges.

Print Name: _____

Applicant Signature: _____

Date: _____