**Volunteer Application**

Thank you for your interest in volunteering with OUB Camps. We are excited to have you join us, and we trust that your experience will be rewarding and memorable! Please fill out the application, and one of our staff will contact you. Please note that background checks are required.

Name:

Address:

City:

State:

Zip/Postal Code:

Home Phone:

Cell Phone:

E-mail:

Today’s Date:

Date of Birth (required for background check):

\*Name of Parent or Guardian (if under 18 years):

\*If volunteer is under 18 years, the parent or guardian must also complete a volunteer application and agreement form.

Company or Volunteer Group Name (if applicable):

**Emergency Contact**

Name:

Phone:

Email:

**Physician Contact**

Physician’s Name:

Phone:

Activities restricted due to physical reasons or order by physician:

Do you have any health concerns that we should be aware of? If yes, please explain.

Do you have current vaccinations for all common communicable/ dangerous diseases such as measles, mumps, chickenpox, tetanus, meningitis, etc? If not, please explain.

Do you take medication that you will need to have with you at camp? If so, what are they?

**Insurance**

Do you carry medical/hospital insurance? YES NO

If so indicate Carrier:

Policy #: Group #:

**PLEASE SUPPLY A COPY OF YOUR INSURANCE CARD WITH THIS FORM**

Do you have any friends/family members who are employed or volunteer with OUB? If not, how did you hear about our camps?

For which camps are you available to volunteer? You can find our camp schedule on our website [www.oubmichigan.org](http://www.oubmichigan.org).

Types of volunteer work you think you’d be most comfortable with:

 Helping with a group activity Helping set up activities

 Working with one or two campers\* Kitchen assistant

 Acting as a “runner” to get supplies, water, snacks, etc.

 Driver for camp events offsite

\*please note that we operate our camps on the “rule of three”, meaning no one, staff or volunteer, is ever alone with a camper, and volunteers are always in an area with at least one staff member present.

List your past volunteer experiences:

Organization:

Duties:

Mo/Yr. to Mo./Yr.

Organization:

Duties:

Mo/Yr. to Mo./Yr.

Have you ever been adjudged civilly or criminally liable for abuse of an individual with disabilities?

No\_\_\_ Yes\_\_\_

Have you been convicted of a crime?

No\_\_\_ Yes\_\_\_ If yes, please describe:

REFERENCES: List two people, not related to you, who have knowledge of your qualifications.

Name:

Address:

Phone/ Email:

Name:

Address:

Phone/ Email:

If there is any other information you feel is pertinent, please explain below: