



NEW VOLUNTEER APPLICATION

BIG SKY KIDS 2011

THANK YOU for your interest in volunteering. Please complete the following questions, adding any additional comments on a separate sheet of paper. The gift of your time enables us to offer this program.

Full Name: _____ Birth Date: _____

Name you prefer to be called: _____ Sex: M F

Mailing Address: _____

Permanent Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Employment or School: _____

Highest grade level or degree completed: _____

Emergency Contact: Name: _____

Phone 1: _____ Phone 2: _____

Check program(s) you are interested in:

- | | |
|---|---|
| <input type="checkbox"/> Spring Fling (March 25-27) | <input type="checkbox"/> Big Sky Adventure (June 22-July 1) |
| <input type="checkbox"/> Young Adult Retreat (July 19-27) | <input type="checkbox"/> Camp Braveheart (August 10-14) |
| <input type="checkbox"/> Office | <input type="checkbox"/> Other |

Availability: _____

T-Shirt size (circle one): S M L XL XXL

Current certifications (CPR, Lifeguard, etc): (Please include copies of certification cards.) _____

Where did you hear about us? _____

Please list any current or former staff members that you know, if any: _____

(Over)

Why do you want to volunteer with Big Sky Kids? _____

Who are you? _____

Experience with Children and Related Programs:

On a separate piece of paper, please list the following items:

1. Any experience you have had working with children (could include babysitting, teaching, parenting, coaching, younger siblings, etc.)
2. Any experience you have had working at any summer camp program
3. Any experience you have had *attending* any summer camp program (And what did you like about it?)
4. Any experience you have had working with volunteer organizations
5. Other interests, special skills, hidden talents, or practical experience you have that you feel would contribute to a Big Sky Kids camp (could include leadership training, nature/outdoors, drama, music, arts, camping skills, scouting, etc.)

Big Sky Kids aims to create a positive environment for children and their families. We ask everyone to model positive behavior while at camp, and we ask that all volunteers abstain from the use of alcohol during camp. Illegal drugs will not be tolerated and will be cause for immediate dismissal. Tobacco products will only be allowed in designated areas. *Please indicate your agreement to comply by initialing here:* _____

FOR VOLUNTEERS 25 YEARS OLD OR OLDER:

We may ask some volunteer staff to drive Eagle Mount vehicles. Do you feel comfortable driving others? Yes No

Please fill out and return the “Motor Vehicle Record Disclosure and Release Form.”

I understand that making any false statement on this application will be sufficient grounds for dismissal. I hereby guarantee the correctness of the above statements. I understand that this is an application only and not a guarantee of a position.

Signature

Date

THANK YOU! PLEASE SEND COMPLETED APPLICATION TO:
Eagle Mount – Bozeman, 6901 Goldenstein Lane, Bozeman, MT 59715
Phone: 406-586-1781, Fax: 406-586-5794, Email: bigskykids@eaglemount.org