



# VOLUNTEER APPLICATION

## Returning Volunteers

### Big Sky Kids 2010

**THANK YOU** for your interest in volunteering again! 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: \_\_\_\_\_

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 19-21)   | <input type="checkbox"/> Big Sky Adventure (June 23-July 2) |
| <input type="checkbox"/> Camp Braveheart (July 21-25) | <input type="checkbox"/> Young Adult Retreat (August 10-18) |
| <input type="checkbox"/> Office                       | <input type="checkbox"/> Other                              |

Availability: \_\_\_\_\_

**Experience with Big Sky Kids:** (List camp(s), year(s), and as camper, counselor, or staff.) \_\_\_\_\_

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

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

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

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

What are two key strengths you bring to camp? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are two personal skills or traits you would like to work on this year at camp? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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](mailto:bigskykids@eaglemount.org)

OFFICE USE ONLY

Date received: \_\_\_\_\_

- Accepted to a camp position \_\_\_\_\_
- Acceptance package sent; date sent \_\_\_\_\_
- Assumption of Risk received
- Health History received
- Motor Vehicle Release received, if applicable
- Background Check Release received
- completed within 2 years of camp; date of check \_\_\_\_\_

If not accepted or placed on a wait list, explain here: \_\_\_\_\_