



VOLUNTEER APPLICATION

Returning Volunteers

BIG SKY KIDS 2011

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 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: _____

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

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: _____