

CAMP KOALA

VOLUNTEER APPLICATION

*Volunteer Information:*

I would like to apply to volunteer as:

Big Buddy Helper Session Leader School Professional Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street/PO Box City State ZIP

Birth date: \_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Male Female

Home Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or Work Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (this is the best way to keep you updated)

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_

***Personal Information****:*

Do you have any special interests, such as hobbies, sports, special talents? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have children? \_\_\_\_If so, what ages? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What experience have you had working with children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What experiences have you had at other camps or outdoor activities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-shirt size Adult: Small Medium Large XL XXL

Why do you want to be a volunteer at Camp Koala? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Institution Course of Study Year

Professional Licenses/Certifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Health History***: This section will be kept on file with our Medical Staff in case of emergency:

Any food, drug or other allergies, dietary restrictions or physical limitations? Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Bereavement History: For Group Leaders/Big Buddies:*** Please list any significant losses you have experienced throughout your life. This will help us pair you with your group of children.

**Relationship (brother, mother, friend, etc.) Year of death Your age at death Cause of death**

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***Indemnification Agreement***

**To the best of my knowledge, the above information is correct and accurate. I give my permission to the agents of Camp Koala to administer first aid to me and authorize emergency transport to the nearest acute care facility if necessary. I hereby give my permission to be photographed, videotaped, audio-taped or interviewed during Camp Koala. This material may be used for future publicity of Camp Koala including for use by the news media.**

**I release and discharge Camp Koala, Inc., its agents, Staff, Board of Directors, Officers, Volunteers, Executive Director, from all claims, demands, actions and judgments, which I ever had or now have or may have against Camp Koala for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my person or property during my negligence or any other fault.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**

**Signature of Volunteer**

**All volunteers are required by law to submit a background check available here: www.campkoala.org/volunteer**

**PLEASE RETURN via mail TO: CAMP KOALA PO Box 2106 Kingston, PA 18704 (717) 258-1122**

**Please visit our website,** [**www.campkoala.org**](http://www.campkoala.org) **for more information or to contact us via email. Thanks!**