



## Camp Sunrise Volunteer Application

### CONTACT INFORMATION

Name \_\_\_\_\_ Are you at least 19 years old?    Yes    No

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Preferred Email \_\_\_\_\_

Are you presently a student?    Yes    No    If so, where? \_\_\_\_\_

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

Preferred method of contact: \_\_\_\_\_

### REFERENCES

Please provide complete information for three personal, non-family references. If you do not have an email address, please provide a mailing address.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email address: \_\_\_\_\_ Phone: \_\_\_\_\_



## **PERSONAL PROFILE QUESTIONS**

1. How did you learn about YouthCARE / Camp Sunrise volunteer opportunities?

2. Why are you interested in volunteering with YouthCARE /Camp Sunrise?

3. Please describe any other volunteer experience you have.

4. What experience and/or skills do you have that involve working with youth?

5. What experience do you have working with diverse populations?

6. Do you speak any languages other than English? If yes, which ones?

7. Is there anything else you would like to tell us about yourself?



**AVAILABILITY:**

*How would you like to be involved?*

What session do you prefer to attend? If you're interested in more than one, please rank in order of preference. Complete only if you are interested in volunteering for a full week.

**Boys Weeks**

- \_\_\_\_\_ Week 1 (June 17-23)
- \_\_\_\_\_ Week 3 (July 1-7)
- \_\_\_\_\_ Week 5 (July 15-21)
- \_\_\_\_\_ Week 6 (July 22-28)

**Girls Weeks**

- \_\_\_\_\_ Week 2 (June 24-30)
- \_\_\_\_\_ Week 4 (July 8-14)
- \_\_\_\_\_ Week 7 (July 29 – August 4)
- \_\_\_\_\_ Week 8 (Aug. 5-11)

\_\_\_\_\_ Week 9 Co-ed (Aug. 12-17)  
*Saturday – Thursday*

**EMERGENCY CONTACT INFORMATION**

*Please provide two contacts. At least one should be local.*

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**DRIVER INFORMATION AND CRIMINAL HISTORY**

1. Do you possess a valid driver's license?      Yes      No
2. Do you have access to reliable vehicle?      Yes      No
3. Please describe any aspects of your driving history that might prohibit you from driving for YouthCARE purposes.
4. Have you ever been convicted of a crime (other than traffic violations)?      Yes      No  
If yes, please explain.



## **VOLUNTEER AGREEMENT**

I understand that:

- This application does not obligate YouthCARE to select me as a volunteer, nor does it oblige me to perform any volunteer service.
- All information gathered by YouthCARE in the application process is used solely for YouthCARE purposes and will not be shared with outside parties without the applicant's consent.
- I will be required to pass a child protection background check if my volunteer duties require me to work directly with youth.
- I will be required to pass a motor vehicle record check if my volunteer duties require me to drive YouthCARE program participants.
- If accepted, I am required to attend all mandatory trainings associated with my volunteer position and complete all necessary paperwork.
- The references I listed may be contacted by telephone or email.

Signature: \_\_\_\_\_

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

If submitting electronically, please initial this box to indicate you understand the previous statements:

Please return via U.S. Mail, email, or fax to:

Isiah Jones, Camp Sunrise Director  
YouthCARE  
2701 University Ave., SE Suite 205  
Minneapolis, MN 55414

Email- [ijones@YouthCAREmn.org](mailto:ijones@YouthCAREmn.org)  
Fax: 612.338.6904

### **Questions?**

Contact Isiah Jones, Camp Director, at 612.213.2904