



P.O. Box 711, Ballwin, MO 63011
314-402-4032 Renee@campcirclestar.com

Volunteer Application

Volunteers must be age 16 or over

PERSONAL DATA

Name _____ Date _____

Social Security Number _____ Gender M F

All applicants over the age of 18 must submit their Social Security Number for a background check.

Address _____

City _____ State _____ Zip _____

Cell Phone _____

Email Address: _____

Date of Birth: _____

Referred By: _____

In case of emergency, please contact _____

Phone _____

EDUCATION RECORD

High School _____

Dates Attended _____

Degrees/Diplomas _____

College/University _____

Dates Attended _____

Degrees/Diplomas _____

VOLUNTEER DATA

Have you worked with people with disabilities before? Yes No
If yes, please describe _____

We provide transportation from the Sam's Club at 13455 Manchester Rd, 63131. We meet at 800 am and return at 4pm. You may park your car there for the day. Will you be using our transportation?

Yes No

Do you have a history of drug or alcohol abuse? Yes No

Do you have knowledge of any condition (back, knees, other) which would prevent you from lifting/carrying 40 lbs.?

Have you ever been charged or convicted of physical or sexual abuse or neglect? Yes No

Do you have any physical or mental disability that may limit your performance in the volunteer position you are applying for? If so, what can be done to accommodate your limitations?

I would like to volunteer the following dates (check all you are interested in):

- | | |
|---------------------------|------------------------|
| _____ Sat., 3/9/19 | _____ June 17-21, 2019 |
| _____ Sat., 4/20/19 | _____ June 24-28, 2019 |
| _____ Sat., 5/18/19 | _____ July 8-12, 2019 |
| _____ July 15-19, 2019 | _____ July 22-26, 2019 |
| _____ July 29-Aug 2, 2019 | _____ Aug 5-9, 2019 |

I hereby certify that the answers given by me to the foregoing questions and statements are true and correct, without reservations of any kind whatsoever, and that no attempt has been made by me to conceal pertinent information.

Applicant Signature

Date

Please complete and return to the mailing address or email address at the top of the first page. You may also take a photo of each page and text to 314-402-4032.