



P.O. Box 711, Ballwin, MO 63011  
314-402-4032 [Renee@campcirclestar.com](mailto:Renee@campcirclestar.com)

## Volunteer Application

Volunteers must be age 16 or over

### PERSONAL DATA

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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 \_\_\_\_\_ T-Shirt Size S M L XL XXL

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

Date of Birth: \_\_\_\_\_

Referred By: \_\_\_\_\_

In case of emergency, please contact \_\_\_\_\_

Phone \_\_\_\_\_

### EDUCATION RECORD

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High School \_\_\_\_\_

Dates Attended \_\_\_\_\_

Degrees/Diplomas \_\_\_\_\_

College/University \_\_\_\_\_

Dates Attended \_\_\_\_\_

Degrees/Diplomas \_\_\_\_\_

**VOLUNTEER DATA**

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

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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.?

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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?

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

- \_\_\_\_\_ March 9, 2019      \_\_\_\_\_ March 23, 2019      \_\_\_\_\_ May 18, 2019  
\_\_\_\_\_ June 24-28, 2019      \_\_\_\_\_ July 8-12, 2019  
\_\_\_\_\_ July 15-19, 2019      \_\_\_\_\_ July 22-26, 2019  
\_\_\_\_\_ July 29-Aug 2, 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.