

**ERIN EICKMEIER FOUNDATION
CAMP CIRCLE STAR**

P.O. Box 711, Manchester, MO 63011 636-227-9811 www.erinfoundation.com

VOLUNTEER APPLICATION

PERSONAL DATA

Name (last, first, middle) _____ 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 Code _____

Home Phone _____ Cell Phone _____

Email Address: _____

Date of Birth _____

Referred By _____

In case of emergency, please contact _____ Phone _____

EDUCATION RECORD

High School _____

Address _____ Dates Attended _____

Degrees/Diplomas _____

College/University _____

Address _____ Dates Attended _____

Degrees/Diplomas _____

PERSONAL DATA

Have you worked with people with disabilities before? Yes No

If yes, please describe _____

T-Shirt Size S M L XL XXL

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

Have you 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 am interested in volunteering the following dates (check all you are interested in):

- _____ Fun Day, Saturday, 11/2/14
- _____ Camp Circle Star, Week of 6/22-26/15*
- _____ Camp Circle Star, Week of 7/6-7/10/15*
- _____ Camp Circle Star, Week of 7/13-17/15*
- _____ Camp Circle Star, Week of 7/27-7/31/15*
- _____ Camp Circle Star, Week of 8/3-8/7/15*

*Tentative dates for our summer camp season

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

