ADULT VOLUNTEER APPLICATION

Name ______________________ Date ______________

Phone (Home) ______________________ Birthdate ______________

Phone (Work) ______________________ Phone (Cell) ______________

Address ______________________ Apt. Number ______________

City ______________ State ________ Zip ________ County ______________

Email Address ______________________ Driver's License/State Issued ______________________

Please list any other addresses in the past five years: ______________________

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EDUCATION

High School ______________________ Year Completed ____________

College ______________________ Year Completed ____________

Graduate/Other ______________________ Year Completed ____________

Relevant Training/Workshops ______________________

EMPLOYMENT *Please list present and previous three employers with addresses and telephone numbers.*

(1) ______________________

(2) ______________________

(3) ______________________

❑ Volunteer Experience: ______________________

REFERENCES *Please list three reference names, relationships to you, and their telephone numbers.*

(1) ______________________

(2) ______________________

(3) ______________________

All volunteers will receive a free t-shirt. What size do you prefer?

❑ SM ❑ MED ❑ LG ❑ X-LG ❑ XX-LG

Brief History of Personal Losses:

Relationship of Deceased to Volunteer	Date of Death	Age of Deceased	Your Age at That Time	Cause of Death

Please expand on the following questions:

1. What experience do you have working with children? ______________________________

2. Do you have experience working with bereaved children? If so, describe. ______________________________

3. Why did you decide to volunteer for Camp Good Grief? ______________________________

Health History

Emergency Contacts

Name ____ Relationship ____ Day Phone ____ Evening Phone ____

Name ____ Relationship ____ Day Phone ____ Evening Phone ____

Physician's Name ____ Address ____ Phone ____

Medications Please list all medications and doses you are currently taking:

Allergies ❑ No known allergies ❑ Allergies, listed below (included all medicine, food, environmental allergies):

Allergic to:	Reaction to Allergy	Treatment/Medicine Taken for Reaction

Health History

List any health issues about which Camp Good Grief staff should be informed. Briefly describe how you treat them at home.

- ❑ Asthma
- ❑ Diabetes
- ❑ Emotional Problems
- ❑ Fainting
- ❑ Hearing Impairment
- ❑ Heart Disease
- ❑ Kidney Disease
- ❑ Nosebleeds
- ❑ Seizures/Epilepsy/Convulsions
- ❑ Wears Glasses/Contacts
- ❑ Other

Signature ____ Name (Printed) ____ Date ____

RETURN COMPLETED APPLICATION TO: Camp Good Grief | Hospice of Huntington |1101 6th Avenue | Huntington, WV 25701