

For Office Use Only

- _____ Received
- _____ CampBrain
- _____ I-Chat
- _____ DHS
- _____ Buddy
- _____ Staff

Champions for Life Kids' Camp

c/o Beth Molloy, Co-Director
31700 Couchez

St. Clair Shores, MI 48082

Phone: 586.296.7100, Ext. 119; Fax: 586.296.7103

cflkidscamp@gmail.com



(PLEASE RETURN TO CONNIE CARPENTER

RETURN VOLUNTEER APPLICATION

I WOULD LIKE TO VOLUNTEER FOR:

(Please select only **ONE** of the following four choices.)

- Either week** **July 8th through July 13th, 2018 (Florida Team)**
 Both weeks **July 15th through July 20th, 2018**

_____		_____	
Date		E-mail address	
_____ / _____ / _____		_____ / _____	
_____	_____	_____	_____
Last name	First Name	(Preferred Name)	Maiden Name
_____		_____	_____
Street		City	State Zip
____/____/____	_____	M____F____	_____
Birth Date	Age	Sex	Marital Status
_____		_____	_____
Occupation		Name of Employer	# of Years
(____)_____		(____)_____	(____)_____
Home Phone		Business Phone	Cell Phone
_____		_____	(____)_____
Emergency Contact		Relationship	Phone
_____		_____	_____

NOTE: Select the following "ONLY IF" replacement shirts are needed.

Polo Shirt Size: () Adult Small () Adult Medium () Adult Large () Adult X-Large () Adult 2X () Adult 3X

T-Shirt Size: () Adult Small () Adult Medium () Adult Large () Adult X-Large () Adult XX-Large

Specific Color(s) Only: _____ (autographed yellow t-shirts may be re-worn)

Other than CFL Kids' Camp, have you worked with or associated with abused, abandoned or neglected children this past year?

NO Yes In what way? _____

Please describe why you wish to return as a CFL volunteer?

MEDICAL HISTORY

Have you had any recent medical problems? NO YES Please describe:

Are you currently taking medication? NO YES Please list medicine and any side effects? _____

Have you had any serious injuries or illnesses since the last camp?

NO YES Please list: _____

PERSONAL

What church do you presently attend? _____ How long? _____

How many years have you been a CFL volunteer? Buddy _____ Staff _____

Please describe your spiritual growth since you have been a CFL volunteer?

This year I would prefer my camper's age to be: 6 7 8 9 10 11 12 Any

Since your original application have you been arrested for a criminal offense? NO YES

Since your original application have you been accused of any sexual misconduct? NO YES

Since your original application have you been convicted of any sexual misconduct? NO YES

Since your original application have you taken drugs other than prescription drugs? NO YES

If you answered "YES" to any of the above, please explain: _____

By signing my name, I hereby signify the above information is true and correct to the best of my knowledge.

Print Name

Signature

Date