



CAMP GOOD GRIEF ADULT VOLUNTEER APPLICATION

Name _____ Date _____

Phone # (H) _____ (W) _____ (C) _____

Birth date _____ Email Address: _____

Address: _____

Street City County State Zip

Please list any other addresses in past 5 years: _____

Drivers License # and state issued: _____

Education:

High School _____ Year Completed

College _____ Year Completed

Graduate/Other _____ Year Completed

Relevant Training/Workshops: _____

Employment History

(Please list present and previous 3 employers with addresses and telephone number)

(1) _____

(2) _____

(3) _____

Volunteer Experience: _____



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Names and phone numbers of 3 references & their telephone numbers

- (1) _____
- (2) _____
- (3) _____

In what capacity would you like to volunteer at Camp Good Grief?
 Big Buddy Cabin Counselor
 Day Volunteer Presenter

With what age do you prefer to work?

_____ 8-10 years _____ 11-16 _____ No age preference

Note: First choice may not be available depending on number of campers and compatibility.

All volunteers will receive a free T-shirt. What size?
 SM MED LG X-LG XX-LG

Relationship of Deceased to Volunteer	Date of Death	Age of Deceased	Your age at that time	Cause of Death

