



STAFF INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL PHONE _____ Birthday _____

EMAIL _____ T- Shirt Size _____

EMERGENCY CONTACT INFORMATION

CONTACT NAME _____ RELATIONSHIP _____

CONTACT PHONE _____

MEDICAL INFORMATION

ALLERGIES _____

CURRENT MEDICATIONS _____

DIETARY INFORMATION

FOOD ALLERGIES _____

VEGAN /
VEGETARIAN _____

OTHER _____

Volunteer Application

Name (First, Last) _____ Date of Application _____

Are you over the age of 18? YES NO Gender? Male Female

If under the age of 18, how old are you? _____

Why do you want to Volunteer with Camp Sam USA? _____

What Languages are you fluent in?

English Spanish American Sign Language

Other _____

Who were you Referred by:

Staff Member Who? _____

Camper or Camper family/friend Who? _____

Facebook Google Search Other _____

Who is your favorite Super Hero? And Why? _____

What type of Volunteer are you interested in becoming? (Please check all that apply).

Counselor In Training Activity Volunteer Fundraising/Event Volunteer

Please continue on next page....

Volunteer Application

Please check all that apply in each group you are interesting in volunteering with.

Counselor in Training Volunteer

Activity	<u>I AM TRAINED AND COMFORTABLE LEADING THIS ACTIVITY</u>	<u>I HAVE SOME EXPERIENCE...I CAN ASSIST</u>	<u>I HAVE NO EXPERIENCE BUT INTERESTED IN LEARNING</u>	<u>I HAVE NO EXPERIENCE AND NO INTEREST</u>
<i>Combing hair</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Toileting/wiping</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Dressing</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Showering</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Assist with Feeding</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Changing adult Diapers</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Assisting Nurse with Medicine administration</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Women:</u>				
<i>Make up / hair Assistance</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Menstral Cycle Assistance</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Men:</u>				
<i>Facial Shaving</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Repairing Suspenders to keep world Peace</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue on next page....

Volunteer Application

During Camp we host numerous activities which are mainly taught by counselors, volunteers and support staff. Please check off the appropriate box that fits your ability.

Activity Volunteer

<u>Activity</u>	<u>I AM TRAINED AND COMFORTABLE LEADING THIS ACTIVITY</u>	<u>I HAVE SOME EXPERIENCE...I CAN ASSIST</u>	<u>I HAVE NO EXPERIENCE BUT INTERESTED IN LEARNING</u>	<u>I HAVE NO EXPERIENCE AND NO INTEREST</u>
Kickball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capture the flag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instrumental Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Archery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts n Crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camp wide games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Story telling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zumba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you selected "Arts and Crafts" or "other", please give more detail on arts and crafts that you are comfortable with leading and what "other" item your referring to. _____

Volunteer Application

During the year we host and attend various events and fundraisers that benefit Camp Sam as a whole. This is our most beneficial volunteer section. Since we are very selective about our staff and volunteers during the actual camp and have a majority of our camp needs, we rely heavily on event and fundraising support. Please check off the appropriate box that fits your ability.

Event / Fundraiser Volunteer

<u>Activity</u>	<u>I AM TRAINED AND COMFORTABLE LEADING THIS ACTIVITY</u>	<u>I HAVE SOME EXPERIENCE...I CAN ASSIST</u>	<u>I HAVE NO EXPERIENCE BUT INTERESTED IN LEARNING</u>	<u>I HAVE NO EXPERIENCE AND NO INTEREST</u>
Grant Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
News/press release support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire works booth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information booth support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selling booths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food service booths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Big events support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you choose "other" please be more descriptive on what "other" you are willing and able to help out with. _____

Please let us know anything else you want us to know about you? _____

Please email this completed form to : info@campsamusa.org or

Mail to: Camp Sam USA, 7121 W. Craig Rd. STE 113 PMB 147, Las Vegas, NV 89129



BACKGROUND CHECK

AUTHORIZATION FORM

I verify by my signature below that I understand that Camp Sam USA may make inquiries of my previous employers and educational institutions to verify qualifying experience and education. I understand that Camp Sam USA may request verification of certificates submitted with my application materials. I understand that prior to employment; I must show proof of citizenship or legal right to work in the U.S. I understand I must submit a felony conviction record form. I further understand that a conviction does not automatically bar me from employment. I understand that I must successfully pass a medical examination, criminal background check, drug test and social reference check, when required. My signature below authorizes Camp Sam USA to conduct a background check on all education and experience listed on the application, as well as any criminal background check(s) that may apply .

Position you are being hired for: _____ Location: _____

Full Name: _____

(FIRST)

(Middle)

(Last)

Alias: _____

(Nicknames, Maiden Name, Any names you have used)

Date of Birth: _____

Gender: _____

Social Security Number: _____

Telephone No: _____

Cell: _____

Email: _____

Today's Date

Candidate Signature