



Summer Camp Volunteer Application

Personal Information:

Date of Application:

Last Name		First Name		Middle Name		School Name		Your current grade level	
Present Address				City		State		Zip	
Your Age		Your Home Phone		Your Cell Phone		Your E-mail			
Parents Name			Parents Work Number			Parents Cell Phone			

Emergency Contact:

<input type="checkbox"/> Parent - Same as above <input type="checkbox"/> Different than parent		Name	
Relationship		Phone	

Volunteer Experience:

Have you ever volunteered at an organization?		If yes, where?	
Why do you want to volunteer at Cheekwood?		List any hobbies, skills, interests:	

I am available to work the following times: *(Please check all that apply)*

- | | | |
|--|--|--|
| JUNE 7-11
<input type="checkbox"/> All Day (8 – 5)
<input type="checkbox"/> 8 am – 12 pm
<input type="checkbox"/> 1pm – 5 pm | JUNE 28-JULY 2
<input type="checkbox"/> All Day (8 – 5)
<input type="checkbox"/> 8 am – 12 pm
<input type="checkbox"/> 1pm – 5 pm | JULY 19-23
<input type="checkbox"/> All Day (8 – 5)
<input type="checkbox"/> 8 am – 12 pm
<input type="checkbox"/> 1pm – 5 pm |
| JUNE 14-18
<input type="checkbox"/> All Day (8 – 5)
<input type="checkbox"/> 8 am – 12 pm
<input type="checkbox"/> 1pm – 5 pm | JULY 5-9
<input type="checkbox"/> All Day (8 – 5)
<input type="checkbox"/> 8 am – 12 pm
<input type="checkbox"/> 1pm – 5 pm | JULY 26-30
<input type="checkbox"/> All Day (8 – 5)
<input type="checkbox"/> 8 am – 12 pm
<input type="checkbox"/> 1pm – 5 pm |
| JUNE 21-25
<input type="checkbox"/> All Day (8 – 5)
<input type="checkbox"/> 8 am – 12 pm
<input type="checkbox"/> 1pm – 5 pm | JULY 12-16
<input type="checkbox"/> All Day (8 – 5)
<input type="checkbox"/> 8 am – 12 pm
<input type="checkbox"/> 1pm – 5 pm | |

<p>My t-shirt size is:</p> <p>_____</p>
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<p>Please fax, email, or mail completed form to:</p> <p>Susan Bell 1200 Forrest Park Drive Nashville, TN 37206 Fax—615.353.2731 Phone—615.353.6966 sbell@cheekwood.org</p>
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(continued on next page)



References: List below three people not related to you, whom you have known at least one year.

Name	Address (City/State)	Phone Work / Home	Relationship	Years Known

<p>AUTHORIZATION & UNDERSTANDING Please review and sign where indicated.</p> <p>I certify that the facts contained in this application are true and complete for all practical purposes. It may be verified by Cheekwood. Should a volunteer position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that Cheekwood is relieved of all commitments, and that I am subject to immediate discharge without recourse.</p>	<p>Release:</p> <p>I hereby authorize all persons listed in my references to provide such information about me upon request at any time, with any information they have regarding my character, ability, job performance, and volunteer experience. I will hold such persons and the company harmless for such disclosures.</p>
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I have read and understand these conditions	▶	Applicant Signature	Date Prepared
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Parental Permission:

Must be signed by your parent before you are authorized to volunteer at Cheekwood

<p>AUTHORIZATION & UNDERSTANDING Please review and sign where indicated.</p> <p>I give permission for my son/daughter to volunteer at Cheekwood. I understand that my child should be picked up promptly (if necessary) when his/her volunteer time is over and that he/she will be expected to dress appropriately for work in a public place. I have read and understand the above authorization and disclose that my child has signed and agree to the conditions.</p>	
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I have read and understand these conditions	▶	Parents Signature	Date
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OFFICE USE ONLY	<input type="checkbox"/> References Checked	<input type="checkbox"/> Qualified to Volunteer	<input type="checkbox"/> Not Qualified to Volunteer
Date: _____		Interviewed by: _____	