



# VOLUNTEER APPLICATION

This is an application to volunteer for Camp Attitude of So. Cal/Whitney Hope. All applicants will be reviewed by a selection committee, who will make all invitation decisions. All volunteer applicants must fill out this form completely and must attend one of the volunteer training workshops (TBA). Return this form, personal photo and a check for \$25.00 for consideration as a volunteer for Camp Attitude of Southern California. If you are not accepted as a volunteer, the check will be returned. **Applications are NOT accepted without a personal photo and the \$25.00 fee.** Please Note: This does not guarantee you a volunteer position with the camp . . . if approved, you will receive an invitation to be a volunteer.

Please answer all questions on this application completely. (Print Neatly)

## General Information

1. \_\_\_\_\_  

Last Name	First Name	Middle Name
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2. \_\_\_\_\_  

Address	City	State	Zip
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3. \_\_\_\_\_  

Telephone	Cell Phone (if available)	E-Mail
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4. \_\_\_\_\_  

Birthdate	Place of Birth	Social Security #
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5. Have you ever participated as a volunteer or staff of a Camp with Disabilities?  
 No \_\_\_\_\_ Yes \_\_\_\_\_  
 if Yes, name of Camp, location & dates? \_\_\_\_\_

## Background (Use the back page if you need more space)

Place of employment _____	Work phone _____
University/High School _____	Year/Grade _____
Major _____	Degree _____
How did you hear about Camp? _____	T-shirt size _____

*Please share any experience in working in a program for people with disabilities:*

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***Why are you interested in volunteering for Camp Attitude?***

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***Please provide us with four references for us to contact***

Name \_\_\_\_\_ Association \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Association \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Association \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Association \_\_\_\_\_ Phone # \_\_\_\_\_

I am willing to submit myself fully to the training, and the leadership of Camp Attitude of So. Cal/Whitney Hope Leadership Team. I will, to the best of my ability, meet all of the obligations and commitments of the requirements for Camp Attitude. I am aware that should I not uphold my responsibilities, I will be terminated from Camp Attitude of So. Cal/Whitney Hope.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

***Parents:***

Parents or Legal Guardian Names \_\_\_\_\_

Full Address \_\_\_\_\_

Parents or Legal Guardian Work Phone Number \_\_\_\_\_

Parental Signature of Approval (if under 18) \_\_\_\_\_

If you have questions please call (805) 658-1189 between 9:00 am - 4:00 pm Pacific Time.

<p><b><i>Mail this application, photo &amp; \$25.00 deposit to:</i></b> <b><i>Whitney Hope Foundation, PO Box 3576, Ventura, CA 93006-3576</i></b> <b><i>Make checks payable to: Whitney Hope Foundation (in the memo put Camp Attitude)</i></b></p>
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