

Volunteer Application

CAMP JOSHUA NEVADA VOLUNTEER APPLICATION

Name: _____

Last, First, Middle

Date of Birth (mm/dd/yyyy): _____

Sex: M | F T-Shirt Size: S | M | L | XL | XXL

Email Address: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Occupation: _____

Special Talents and Skills (e.g. certified lifeguard, paramedic, musical instrument, computers, photography, public speaking, multimedia, etc.)

Have you ever been charged with or convicted of a crime against children? Yes | No

A background check may be completed on all camp staff.

Do you consent to background screening? Yes | No

Please indicate any physical restrictions/allergies: _____

CAMP POSITIONS:

Youth Counselor / Small-Group Facilitator / Games /Technology / Multimedia / Set-Up / Clean-up

Please indicate which Camp Position(s) most interest you:

1st Preference: _____ 2nd Preference: _____

Signature Date

RETURN APPLICATION and RELEASE FORM not later than September 15, 2019 to:
mtc3785@sbcglobal.net **Questions? Contact MELISSA CLEMENT, 775-813-4319**