

Special Love, Inc. - General Volunteer Application

Complete (please print), scan and email (aashman@speciallove.org), fax (540-667-8144) or mail to:
Special Love, Inc., 117 Youth Development Court, Winchester, VA 22602 888-930-2707

Name (including middle initial) _____

Present Address _____

City _____ State _____ Zip _____ T-shirt Size: _____

Home Phone _____ Cell Phone _____ Business Phone _____

E-mail Address _____ Date of Birth _____ Soc. Sec. #: _____
(required)

Employment

Current or most recent employer and position held (include company name and address):

Dates Employed _____ Supervisor's Name, Email Address, & Phone Number:

May we contact this person? _____ If no, please explain _____

Educational Background

High School _____ Years Completed _____

College _____ Years Completed _____
(Major)

Other _____ Years Completed _____

List two or three outstanding characteristics or skills that you have that will contribute to Camp:

1) _____

2) _____

3) _____

Please list any program (s) you are interested in: _____

Rank 1 through 4 the age groups for which you would *prefer* to be a room counselor (1 is highest)

____ 7-8 ____ 9-10 ____ 11-12 ____ 13 & over

List three references (preferable for whom you have done volunteer work or work related to children). Please include a phone number and, if possible, an e-mail address for each.

Have you ever been convicted of a crime? _____ If yes, please provide specific date(s), details, and explain (please use a separate sheet of paper if more space is needed): _____

Criminal Disclosure Statement: By signing below, I affirm that I have never been tried or convicted of a felony or any crime against a minor (i.e., anyone under age 18). If I am selected to participate in any Special Love, Inc. program, prior to my final acceptance, I consent to Special Love having a criminal background check done on me (if I am age 18 or older) and I agree to cooperate in whatever measures may be necessary to complete this process. I further agree to allow Special Love to conduct updated background checks periodically as needed. By signing this application below, I represent and confirm that all of the information is true and correct. **(Providing your social security number is required.)**

(Signature – Actual signature required, no electronic signatures please)

(Date)

In general, what are 3 areas at camp at which you excel as a leader?

What are 3 areas at camp where you prefer to support rather than lead?

Your Skills/Interests (fill out by hand after printing)

In the following list, put numeral "1" before those activities you would be willing to organize and teach as an expert*; "2" for those activities in which you can assist in teaching; and "3" for those which are just your hobby.

Arts & Crafts

- Basketry
- Ceramics
- Nature Crafts
- Indian Lore
- Jewelry
- Leather Work
- Painting
- Wood Carving
- Woodworking
- Sketching
- Sculpture
- Weaving
- Photography
- Newspaper
- Other: _____

Sports

- Soccer
- Baseball
- Basketball
- Dodge ball
- Football
- Archery
- Informal Games
- Horseback Riding

Campcraft & Pioneering

- Hiking
- Orienteering
- Outdoor Cooking
- Overnight Camping

Dancing

- Line Dancing
- Square
- Folk
- Tap
- Ballet
- Other: _____

Performing Arts

- Creative Drama
- Play Directing
- Skit & Stunts
- Lead Singing
- Drums
- Harmonica
- Horns
- Story Telling
- Other: _____

Water Front Activities

- Canoeing
- Fishing
- Life Saving
- ARC/WSI
- BSA/Aquatic Instructor
- YMCA/Leader Exam
- ARC/Lifeguard
- Swimming

Nature

- Birds
- Forestry
- Astronomy
- Conservation
- Flowers
- Trees & Shrubs
- Insects
- Rocks/Minerals

Miscellaneous

- First Aid
- CPR
- Campfire Program
- Challenge Course
- Other: _____

(*Note: This application does not apply to Camp Fantastic and/or BRASS Camp. To be considered for a volunteer position at either of these camps, please talk to the Special Love Program Director.)

Medical Disclosure Statement

In consideration of Special Love, Inc.’s acceptance of my offer to volunteer at a Special Love, Inc. camp or any other Special Love, Inc. event (collectively referred to as “the Event”), I, for myself, my heirs, executors, administrators and assigns, hereby release, waive, discharge and give up any and all claims of any kind whatsoever, including but not limited to claims for personal injury, death, property damage, lost wages, medical expenses, attorney’s fees, and any other types of losses, damages, and costs, against Special Love, Inc. and all Event promoters, organizers, staff, volunteers, sponsors, and vendors as well as the owners and lessees of property used for the Event, which may arise in connection with my attendance and/or participation at the Event. I acknowledge that I should not participate unless I am able to do so. I agree to use reasonable judgment in all phases of my participation at the Event including traveling to and from the location of the Event. I recognize and understand that an Event may be physically demanding, that my participation is solely at my own risk, and I assume full responsibility for any injury and damages as well all risks associated with participating in and at the Event. If I require any medical treatment or care from emergency response authorities, I agree that I will be responsible to pay for such treatment and care.

I affirm that I am in good health. I further declare that I am physically fit and capable of participating at and in the Event. I acknowledge that it is the recommendation of Special Love, Inc. that I obtain general medical/health insurance, if I am not already covered, as well as a physician’s approval. I understand that it is my responsibility to notify the appropriate person of my medical history and emergency medical information. I also understand that this waiver of liability and release binds my heirs, executors, administrators, and assigns as well as myself. I hereby acknowledge and agree that, although Special Love, Inc. might arrange for medical staff to be present at camp and/or any other Special Love, Inc. events, any Special Love, Inc.-provided medical staff is assigned principally to attending to the needs of children at the Event including campers and I agree to follow the instructions and directive of camp and/or senior event medical staff regarding any medical treatment I might need while attending an Event including, without limitation, promptly seeking medical treatment from a physician and/or hospital not provided by Special Love, Inc.

(Signature – Actual signature required, no electronic signatures please)

(Date)

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