



Camp Cedar Illinois Inc. Volunteer Application

Thank you for your interest in being a part of Camp Cedar Illinois!

Please complete this form and email or mail to Camp Cedar Illinois to submit your volunteer information.

Please note that by submitting this form you consent to a Criminal Background Check and a DCFS Background Check. The questions below are designed to aid you in your decision to volunteer and to determine the role you may be best prepared to assume. Your answers will help us in placing you where you will be most comfortable and where your skills will be most needed! Please answer as frankly and as completely as you can. All information will be held in the strictest confidence.

If you have any further questions, please contact us at: CampCedarIL@gmail.com.

Contact Information

<i>First Name</i>	<i>Last Name</i>
-------------------	------------------

<i>Birthday</i>

<i>Street Address</i>

<i>Address Line 2</i>

<i>City</i>	<i>State</i>	<i>Zipcode</i>
-------------	--------------	----------------

<i>Home Phone Number</i>	<i>Cell Phone Number</i>
--------------------------	--------------------------

<i>Email Address</i>

<i>Preferred Method of Contact</i>

Emergency Contact Information

<i>Emergency Contact Name</i>	<i>Relationship</i>
-------------------------------	---------------------

<i>Emergency Contact Phone Number</i>

Applicant Photo:

Please send in an applicant photo with application document.

Please list any states other than Illinois in which you have resided in the last five years:

How did you learn about Camp Cedar?

Please discuss any experience you have had working with children. This may include parenting, training and/or work in related fields.

What strengths/skills do you see yourself bringing to Camp Cedar Illinois?

You will be working with people from varied backgrounds and lifestyles whose perspectives may differ from yours. What is your experience with people from diverse backgrounds? What concerns do you have?

Please discuss any experience you have had with sexual assault and/or child abuse. Including training, working in related fields, or personal experience.

If you are a survivor of sexual abuse, what steps have you taken to work through it?

Please list two personal references, excluding relatives. We do contact all references, so please make sure the information is accurate and current.

Name

Phone Number Relationship

Email Address

Name

Phone Number Relationship

Email Address

I understand that if I am accepted as a Camp Cedar Volunteer, I will be expected to attend training and to abide by the organization's guidelines and confidentiality requirements. I also understand that personal references will be checked and my criminal history will be examined.

Signature Date

Signature

Date

Once again, thank you for your interest in Camp Cedar Illinois!
We are looking forward to partnering with you to make a difference for these girls!!!