



HOPE WITH HEART VOLUNTEER APPLICATION

AUGUST 3 - 10, 2019

A place for you to be included.

Initial Contact: We ask that you take a moment today to send an intent email to Alissa Gretina at algg039@gmail.com with your contact information. This will let us know immediately that you plan on volunteering for camp. Please adhere to this request promptly, as it allows us to efficiently arrange staffing for camp. Thank you in advance for sending your intent email right away.

Application: Please complete all parts of the attached application and submit. **APPLICATION MUST BE SUBMITTED BY JUNE 1, 2019**

Application may be emailed, faxed or hard-copy mailed:

Email: algg039@gmail.com

Fax: 201-621-6674

Mail: Hope With Heart, PO Box 354, Waldwick, NJ 07463

For questions regarding the application process, please contact Alissa directly at algg039@gmail.com

Thank you for being a part of our mission!

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APPLICANT INFORMATION

Name (First, Middle, Last): _____

Nickname: _____ Today's Date: ____/____/____

Date of Birth: ____/____/____ Social Security #: ____-____-____

Street Address: _____

City, State, Zip: _____

Cell Phone: _____ Home Phone: _____

Fax: _____ Email: _____

Please choose your t-shirt size (circle one):
ADULT XSmall, Small, Medium, Large, XLarge, or XXLarge

School or Business Name: _____

Street Address: _____

City, State, Zip: _____

Business Phone: _____ Fax: _____

School/ Business Email: _____

Please describe your responsibilities or major: _____

May we contact your current employer or school? Yes No

If no, please include reason: _____

Position Desired at Camp: _____

Camper Age Preference (no assurance is made): 7-11 12-15 16-17 No Preference

Do you meet the minimum age requirement (18 years old)? Yes No

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No Unsure

How did you hear about Hope With Heart? _____

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LICENSE INFORMATION

Do you have a valid drivers license? Yes No
License Number: _____
State: _____ Expiration Date: _____

CERTIFICATION & SUPPORT SKILLS

In the following areas, please rate your experience and skills on a scale of 0 (no experience or skills) to 10 (highly experienced and skilled). If you are certified, please attach a copy of your current certification.

Accounting _____ Nursing _____ Drama _____ Music _____
Computer _____ CPR _____ Sports _____ Teaching _____
Arts & Crafts _____ Lifeguard _____ Cooking _____ Coaching _____
Other: _____

EMERGENCY CONTACT

ALL APPLICANTS MUST COMPLETE THIS SECTION IN FULL

Who should we contact in case of an emergency?

Name: _____ Relationship: _____
Street Address: _____
City, State, Zip: _____
Cell Phone: _____ Day Phone: _____
Evening Phone: _____ Email: _____

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HARASSMENT

This camp's policy is to prohibit all forms of harassment by our employees. This includes sexual, racial, religious, and other forms of harassment. Have you ever been accused of harassment of any person including, but not limited to, workplace harassment? Yes No
If yes, please explain: _____

Note: a prior accusation or conviction is not an automatic bar of employment. The type of accusation or conviction and when it occurred will be evaluated by Hope With Heart before a decision is made.

CRIMINAL RECORD

Have you ever been convicted of a crime, other than a minor traffic offense? Yes No
If yes, please explain: _____

Note: a prior conviction is not an automatic bar of employment. The type of conviction and when it occurred will be evaluated by Hope With Heart before a decision is made.

AUTHORIZATION

I authorize investigation of all statements herein, including any checks of criminal records/ background, and release Hope With Heart and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status. Furthermore, I understand that any agreement must be in writing and signed by a designated official of Hope With Heart. I also understand that if untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by Hope With Heart.

Signature: _____ Date: _____

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PAST WORK HISTORY- INCLUDING CAMP EXPERIENCE

Provide a full record of employment (Paid and volunteer) and explain any gaps in employment. Include any positions on camp staff. Use a separate sheet if necessary.

Dates	Employer and Supervisor	Address and Phone #	Nature of Work	Reason for Leaving

Indicate any employer you **do not** wish us to contact and reason why; _____

RELATED CERTIFICATIONS

Please list all valid, relevant, certifications you have (i.e. CPR, Lifeguarding...)

Title of Certification	Issued By (Red Cross, American Heart Association...)	Issued Date	Expiration Date

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REFERENCES

Provide names and addresses of three persons (not relatives) having knowledge of your character, experience, work habits, and ability.

Name	Street Address, City, State, ZIP	Phone #

EDUCATION

High school and beyond.

Years	School & City	Major Subjects	Degree(s) Granted

Write a brief biographical sketch, including specialized training in camps and experience or training in other fields which might have a bearing on the position for which you are applying.

Attach a separate sheet or resume if necessary. _____

Please tell us why you are interested in a position within our organization. _____

FOR OFFICE USE ONLY: Received _____ Reviewed _____ Recommendation _____