



Volunteer Profile

For:

Date Completed:
Last Updated:
Birthdate:
Age:
Gender:

Volunteer Information

First Name

Middle Name

Last Name

E-mail Address (please do not use a school district email address)

Phone Number

May we text this number?

☐ Yes

☐ No

Date of Birth (MM/DD/YY)

Age on July 30, 2022

Gender

Height

T-shirt Size

Citizenship

Street Address

City

State

Zip Code

How did you hear about Hope's Haven?

Why do you want to volunteer at Hope's Haven?

Will you be receiving credit with an organization for your volunteer service at Hope's Haven? If yes, please verify with abbey@hopeshaventn.com

If you need to verify your volunteer hours, please reach out to our Camp Director, Abbey Sutherland at abbey@hopeshaventn.com.

Please describe your past volunteer experience

Do you have previous experience working or volunteering in a camp setting?

☐ Yes

☐ No

If yes, please explain.

Do you have previous experience working with individuals with special needs or disabilities?

☐ Yes

☐ No

If yes, please explain.

Do you have any training or certification relevant to working with individuals with special needs or disabilities?

Do you have a valid CPR certification? (Not required for volunteers)

☐ Yes

☐ No

What experiences or personal characteristics do you think will help you in your experience as a volunteer at Hope's Haven?

Do you have a special need or disability?

☐ Yes

☐ No

Would you like to share any other information with Hope's Haven?

Please list any school or community organizations you participate in

Please list your special interest and hobbies

Have you ever been asked to leave a volunteer position? If yes, please explain?

Education & Work Experience

Highest Level of Education

If Other, please specify

Please provide the name of the most recent school you have attended

Degree Program

Please list employers and roles for the last 5 years in the following format: Employer - Role

Personal Needs

Do you require any special medical attention, living accommodations, or assistance?

Do you have any special food requirements such as food allergies or a vegetarian diet?

If you answered yes to either of the above questions, please explain. Volunteers with dietary needs requiring specific food may be asked to provide personal meals to meet their needs. Please email abbey@hopeshaventn.com.

Do you have any physical restrictions?

Are you currently on any medications?

☐ Yes

☐ No

If you are on any medications, please list them on the medication form on the next section.

All medications, including vitamins and supplements will be given over to the medical team at camp. The medical team will dispense them according to the instructions listed on your medication form.

Please note the following:

1. If you are bringing prescription medications, they MUST be in the original pharmacy labeled container or the original manufacturer's container.
2. Prescription medications be for the above-listed volunteer. Prescriptions will not be accepted with an alternative individual's name on the prescription label.
3. Any doctor's office samples MUST be accompanied by a signed physician prescription.
4. Please limit the amount of medication to only what is required for the term at camp.
5. Our medical team provides over the counter medications such as Ibuprofen as needed, so please do not bring these to camp unless they are a part of the daily medications.

Please provide two references that Hope's Haven can contact for your application.

Reference 1 Name

Relationship

Reference Email Address

Reference Phone Number

Reference 2 Name

Relationship

Reference Email Address

Reference Phone Number

Signature _____

Date _____