



VOLUNTEER APPLICATION

Camp Woodrich encourages the participation of volunteers who support our mission. If you are excited to bring joy, adventure, and rest to families with children with special needs and are willing to be trained in our procedures, we encourage you to complete this application.

The information on this form will be kept confidential and will help us find the right volunteer opportunity for you.

Name: _____ DOB: _____

Aliases: _____

Address: _____

Phone: _____ Email: _____

Employer: _____ Position: _____

Special talents or skills: _____

Interests– Please tell us in which areas you are interested in volunteering:

☐ Events

☐ Administration

☐ Fundraising

☐ Other _____

Days available: M ☐ T ☐ W ☐ R ☐ F ☐ Sa ☐ Su ☐

Times available: Morning ☐ Afternoon ☐ Evening ☐ Any ☐

Any physical limitations? _____

As a volunteer of this organization I agree to abide by the policies and procedures of Camp Woodrich. I understand that I will be volunteering at my own risk and that the organization, its employees, and affiliates cannot assume any responsibility or liability for any accident, injury, or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____ Date: _____