

VOLUNTEER APPLICATION

Please Type or Print

Return Application to: **Spring Heights Education Center**
 2067 Barrcut Rd.
 Spencer, WV 25276
 Or email to: springheightscamp@gmail.com



<u>Name of Applicant:</u>	<u>Date of Application:</u>	
<u>Address:</u>		
<u>Home Phone:</u>	<u>Work/School Phone:</u>	
<u>E-mail:</u>	<u>Cell Phone: (optional)</u>	
<u>Local Church:</u>		
<u>Age Group:</u> <input type="checkbox"/> 17-20years <input type="checkbox"/> 21-30 years <input type="checkbox"/> Over 30 years	<u>Interest or Experience in the following:</u> (circle all that apply) Climbing Hiking Nature Cycling Drama Sports Arts/ Crafts Music Horses	
<u>I Want to Volunteer for:</u> <input type="checkbox"/> Week 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Week 4 A <input type="checkbox"/> Week 4B <input type="checkbox"/> Week 5 <input type="checkbox"/> Week 6	<u>Position of Interest:</u> <input type="checkbox"/> Counselor <input type="checkbox"/> Resource <input type="checkbox"/> Nurse <input type="checkbox"/> Special Interest: _____	
<u>References:</u> (3 persons unrelated to you that have knowledge of your character, experience, and ability)		
Name	Address	Telephone

Signature _____

Date _____

Parent/or Guardian Signature:
 (If under 18) _____

Date _____