

ANDERSON WOODS CAMP

3966 Adyeville Road; Bristow, IN 47515
Camp: (812) 357-2325 Office: (270) 826-9721

Volunteer Staff Application

Return application to: Anderson Woods, Inc.; P.O. Box 498; Henderson, KY 42419-0498

Name: _____ Age: _____

Address: _____ Social Security # _____

Date of Birth: _____ Sex: M / F Height: _____ Weight: _____ Home Phone: _____

Person(s) to contact in case of an emergency:

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

What is Applicant's primary reason for making application? _____

Briefly summarize any experience that you have had in working with persons with disabilities and specify if the disabilities were mental, physical or both. _____

Would you describe yourself as an emotionally mature person? _____

State what you feel to be your best attributes: _____

Do you consider yourself to be a leader or a follower? _____

Can you take directions well? _____

Do you exhibit good follow through after taking directions? _____

Is this the Applicant's first time at Anderson Woods? Yes No With Campers? Yes No

If this application is for a Scholarship, will you be attending a college or university full time in the coming school year? Yes No. If not, when? _____ Field of study _____

Name of Institution if known at this time _____

(if unavailable at this time, please advise as soon as possible)

Name and address of office where funds are to be mailed _____

Where presently attending school _____ Level _____

Give three references including one of your past or current H.S. or college instructors:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

See Reverse Side

DO NOT WRITE BELOW THIS LINE

◆.....◆
Application received: _____ **Application complete** Yes No

References Checked: 1. Comments _____

2. Comments _____

3. Comments _____

Previous history with Anderson Woods CIT; Youth Group; Vol ; School; Other _____

List any special talents that you feel would be helpful as a camp counselor: _____

Do you play any musical instruments? ___ Yes ___ No If so, what do you play? _____

DIETARY RESTRICTIONS: (List here any necessary dietary restrictions or preferences) _____

Does applicant have any medical or food allergies? ___ Yes ___ No If so, what? _____

Is applicant diabetic? ___ Yes ___ No

All of the information given on this application is current and correct to the best of my knowledge and belief.

I hereby give my permission to receive emergency medical or surgical treatment which may become necessary and is recommended by any referred physician, dentist or hospital during the applicant's period at camp. I also agree to hold Anderson Woods, Inc., their Officers, Director and Staff harmless from any and all claims that may arise out of the applicant's period of service at Anderson Woods Camp. I also give permission for the use of any camp picture containing my photograph to be used by Anderson Woods in promoting the mission of Anderson Woods.

Signature of Applicant _____ Date signed _____

In the event that Applicant is a minor, parent or guardian signature is required below:

Signature of Parent/Guardian _____ Date signed _____

I give permission for release of information from the sources listed herein to representatives from Anderson Woods, Inc.

Signature of Applicant _____ Date signed _____

In the event that Applicant is a minor, parent or guardian signature is required below:

Signature of Parent/Guardian _____ Date signed _____

Photo Release: I, the undersigned, do hereby grant Anderson Woods, Inc. my permission to record my photographic image (by film and/or video), and comments (by tape and/or transcription) for the use in promotional materials including Anderson Woods web site, whether the use of the above materials be for public relations, recruitment, development, or any other legitimate purpose of the above named institution.

Signature of applicant

Signature of parent or guardian

Date signed