



Anderson Woods Summer Camp

RETURN APPLICATION TO:
4630 Adyeville Road
Bristow, IN 47515
(812) 639-1079
andersonwoods@psci.net
Volunteer Application

Volunteers must be 13 years of age or older by date of volunteering. Volunteers must attend training. Volunteers must commit to entire session of camp for which they are accepted.

Name: _____ Age: _____
E-Mail: _____ Social Security #: _____ - _____ - _____
Permanent address: _____ County: _____
City: _____ ST: _____ Zip: _____
Date of Birth: _____ Sex: M / F Height: _____ Weight: _____
Home Phone:(_____) _____ Cell phone:(_____) _____

Is this your first time at Anderson Woods Summer Camp? Yes___ No___
If no, what was your prior experience? _____

Use the following lines to summarize any experience that you have had in working with persons with disabilities. _____

How would you describe your level of emotional maturity? Give examples. _____

State what you feel to be your best attributes as they relate to this position: _____

What areas do you feel are in need of improvement? _____

What do you hope to gain from this experience? _____

Give an example of how you have previously demonstrated strong leadership skills: _____

Give an example of how have previously demonstrated good follow-through upon receiving direction: _____

What prior experience, if any, do you have working outdoors in the heat, for extended periods of time? _____

What special talents do you possess that would be of benefit in this position: _____

Are you currently CPR & first-aid certified? No ___ Yes ___, date of certification ___/___/___

Where presently attending school _____

Field of Study (If applicable) _____

Highest level of education achieved _____

Do you have any special dietary restrictions? No ___ Yes ___ If given the position, you will be asked to provide a letter from your physician verifying medical necessity.

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

Name: _____ Phone #: _____

Relation to applicant: _____ Email: _____

Name: _____ Phone #: _____

Relation to applicant: _____ Email: _____

Name: _____ Phone #: _____

Relation to applicant: _____ Email: _____

Please indicate your t-shirt/polo shirt size by checking the appropriate spot. All sizes are adult sizes.

Small ___ Medium ___ Large ___ XL ___ XXL ___

You may ask to volunteer for as many sessions as you wish. Sessions to which you are assigned will be determined based on availability and need. Please mark an "X" next to each session for which you are willing to volunteer, and indicate total number of sessions desired.

Number of Sessions? _____	June 6 - 9 _____	June 13 - 16 _____	June 20 - 23 _____	Jun 27 - 30 _____
	July 4 - 7 _____	July 11 - 14 _____	July 18 - 21 _____	July 25 - 28 _____

***We are encouraging our staff to be fully vaccinated prior to the start of camp. If you are vaccinated please provide us with a copy of your Covid-19 vaccination card along with this application.**

If you are 18 years or older please fill out the following

As part of my application to Anderson Woods, Inc. as a volunteer, I hereby give my permission for them to run my drivers' license record (MVR) and my back ground check.

First, Middle, Last Name: _____

Drivers' License Number: _____

State: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ **Date:** _____

Printed name: _____

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 indemnify and hold harmless 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.

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 of 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: _____ **Date signed:** _____

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

Signature of Parent/Guardian: _____ **Date signed:** _____

ITEMS TO SEND IN:

- _____ **Completed Application**
- _____ **Copy of Medical Insurance Card**
- _____ **Copy of Covid-19 Vaccination Card**