

**Courage Center Camps**  
*STAFF ALUMNI VOLUNTEER APPLICATION*

<b>Name</b> _____			Date _____
First	Middle	Last	
<b>E-mail address</b> _____			
<b>Present Address</b> _____			
Street / P.O. Box City State Zip			
<b>Phone</b> (____) _____			
<b>Permanent Address</b> _____			
Street / P.O. Box City State Zip			
<b>Phone</b> (    ) _____			

- \_\_\_\_\_ June 19 Teen Session (Lakeside)
- \_\_\_\_\_ June 20 Literacy Session (Woodland)
- \_\_\_\_\_ June 29 Adults ages 18-25 (Lakeside) & AAC/ youth with physical disabilities (Wood)
- \_\_\_\_\_ July 8 Adults ages 25-45 (Lakeside) & Communication Disorders (Woodland)
- \_\_\_\_\_ July 17 Adults ages 45 + (Lakeside)
- \_\_\_\_\_ July 26 Youth with Physical Disabilities (Woodland)

Past experience with Courage Center, Courage Camps or the Regional Day Camps:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATIONS/TRAINING:** Do you have any of the following certificates/training? **Please make a copy and return with this application or on the date you will be volunteering**

\_\_\_\_\_ E.M.T. \_\_\_\_\_ C.N.A. \_\_\_\_\_ R.N. \_\_\_\_\_ L.P.N.

**EMERGENCY CONTACT INFORMATION:**

\_\_\_\_\_

(Name) (Relationship) (Phone)

Have you ever been convicted of a misdemeanor, gross misdemeanor or felony of a non-traffic nature? Yes/No if yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information given herein and accompanying resume or documentation is true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature and Date

