



Please mail or fax to: Burn Institute, 8825 Aero Drive, Suite 200, San Diego, CA 92123
Fax: 858-541-7179

VOLUNTEER APPLICATION

(PLEASE PRINT)

LAST NAME FIRST NAME NICKNAME DOB

MAILING ADDRESS CITY ST ZIP CODE

HOME PHONE CELL PHONE

FIRE DEPARTMENT CITY CHIEF

T-SHIRT SIZE

WILL YOU BE BETWEEN THE AGES OF 21+ ON AUGUST 4, 2008? Y / N

PERSONAL EXPECTATIONS:

HOW DO YOU FEEL YOUR PARTICIPATION WILL BENEFIT THE CAMP PROGRAM?

WHAT DO YOU PERSONALLY HOPE TO GAIN FROM PARTICIPATING IN THE CAMP PROGRAM?

PREVIOUS CAMP/VOLUNTEER EXPERIENCE:

CAMP/ORGANIZATION POSITION DATE(TO/FROM)

ADDRESS PHONE

BRIEF DESCRIPTION OF DUTIES

PERSONAL REFERENCES:

PLEASE PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF THREE PERSONS (NOT RELATED) WHO HAVE KNOWLEDGE OF YOUR CHARACTER, EXPERIENCE AND ABILITY.

NAME MAILING ADDRESS PHONE

NAME MAILING ADDRESS PHONE

NAME MAILING ADDRESS PHONE

PERSONAL BACKGROUND HISTORY (Use separate sheet if necessary):

LIST THE PREVIOUS RESIDENCE(S) FOR THE LAST 5 YEARS:

CITY STATE YEARS

CITY STATE YEARS

HAVE THERE BEEN ANY SIGNIFICANT EVENTS IN YOUR PERSONAL OR PROFESSIONAL LIFE THAT WOULD AFFECT YOUR PARTICIPATION IN OUR MENTORSHIP PROGRAM? Y / N
If yes, please explain: (Use separate sheet if necessary)

HAVE YOU EVER BEEN CONVICTED, FINED, PLACED ON PROBATION OR IMPRISONED? Y / N
If yes, please explain: (Use separate sheet if necessary)

HAVE YOU EVER BEEN ACCUSED OF, ARRESTED FOR, CONVICTED OF OR IN ANY OTHER WAY BEEN INVOLVED IN AN ALLEGATION OF A CRIME INVOLVING A CHILD? Y / N
If yes, please explain: (Use separate sheet if necessary)

HAVE YOU EVER BEEN FOUND LIABLE FOR CIVIL PENALTIES OR DAMAGES INVOLVING SEXUAL OR PHYSICAL ABUSE OF A CHILD OR CHILDREN? Y / N
If yes, please explain: (Use separate sheet if necessary)

ARE YOU NOW OR HAVE YOU EVER BEEN SUBJECT TO ANY COURT ORDER INVOLVING THE SEXUAL OR PHYSICAL ABUSE OF A MINOR, INCLUDING, BUT NOT LIMITED TO, A DOMESTIC PROTECTION ORDER OR THE TERMINATION OF PARENT(S)/GUARDIAN(S)AL RIGHTS? Y/N
If yes, please explain: (Use separate sheet if necessary)

PLEASE INITIAL: _____

I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all others from liability in connection with the same. I understand that, if employed, I will be an at-will (non-compensated) employee unless there is an agreement or law that alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated camp official. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by the camp.

Signature: _____ Date: _____

