

Committee Volunteer Positions for Camp S.W.A.G. (Students With Ambitions & Goals)

Contact Information	
Last Name:	First Name:
Street Address:	
City:	State/Zip Code:
Phone Number:	Email:
Employment	
Occupation:	
Employer:	
Employer Contact:	
Committees	
On which committee would you like to serve? Please list your top three choices, as there may not be vacancies on all committees.	
<input type="checkbox"/> Budget and Finance Committee	<input type="checkbox"/> Marketing and Communications Committee
<input type="checkbox"/> Volunteer Committee	<input type="checkbox"/> Fundraising Committee
<input type="checkbox"/> Public Relations Committee	<input type="checkbox"/> Administrative Support Committee
Reason for selecting particular committee.	

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Special Skills or Qualifications

What kind of contribution and benefit can you bring to Camp S.W.A.G.?

What talents and skills would you bring to this position?

What do you feel is the responsibility of the Committee you have chosen?

What Municipal Boards, Volunteer Organizations or Community Service Groups/Committees have you worked on in the past, and for what length of time?

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Will your schedule allow you to attend meetings on a regular basis? <input type="checkbox"/> Yes	
<input type="checkbox"/> No	
Comment on any consideration or aspect of your interest to a committee that will directly benefit the overall advancement Camp S.W.A.G.	
How did you find out about our volunteer program?	
References: Please provide three non-family references	
Name:	Phone:
Name:	Phone:
Name:	Phone:

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Authorization:

In consideration for being granted permission to work as a committee volunteer for Camp S.W.A.G., I, the undersigned, agree to release and hold harmless all participating Camp S.W.A.G. affiliates, supervisors, employees, and all program volunteers, as well as other persons connected with Camp S.W.A.G. from all liability relating to personal injury or property damage that I/ may sustain by reason on my/our participation with Camp S.W.A.G. equipment or facilities therein.

Applicant's signature: _____ Date: _____

I hereby certify that I have never been convicted of any felony or misdemeanor involving sexual or physical abuse of any adult or child, or any felony narcotics offense. I authorize Camp S.W.A.G. to obtain my criminal records and understand that the fact that I am applying to volunteer will be reported to law enforcement agencies.

Applicant's signature: _____ Date: _____

I understand that all volunteer positions are held for a term of one year. However, I also understand that all Camp S.W.A.G. decisions including termination are subject to the discretion of Camp S.W.A.G. Board of Directors on behalf of Camp S.W.A.G. for the greater good of the Camp S.W.A.G. Committee Board. Renewal of terms will take place in January at the start of each year.

Applicant's signature: _____ Date: _____

SUBMIT COMPLETED APPLICATIONS TO:

Camp S.W.A.G. (Students With Ambitions & Goals)
Attn: Volunteer Committee Chair
P. O. Box 3392
Cary, NC 27519

Committee@cswag.org
DEADLINE: February 15, 2017