



Camp S.W.A.G. Volunteer Application

Please indicate your areas of volunteer interest:

<input type="checkbox"/> Administration/Clerical	<input type="checkbox"/> Events	<input type="checkbox"/> Leadership Program Ambassadors
<input type="checkbox"/> Tutors/Mentors	<input type="checkbox"/> Youth Programs	<input type="checkbox"/> Spokesperson/Community Organizer
<input type="checkbox"/> Other, please explain below.		

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____

TELEPHONE NUMBER: _____

Date of birth? _____

Have you ever volunteered for Camp S.W.A.G. before? **Yes No**

Are you required to volunteer? **Yes No** If yes, how many hours are needed? _____

What is the deadline for volunteer hours: _____

Name of school/agency/government body requiring community service:

Please indicate the days and times that you are available to volunteer:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



Camp S.W.A.G.

Volunteer Application

SAFETY TRAINING AND/OR CERTIFICATIONS			
Type (CPR, First Aid, CDA, etc.)	Provider	Level	Expiration

Why are you interested in volunteering with Camp S.W.A.G.?



Camp S.W.A.G.

Volunteer Application

REFERENCES: List three references that have known you for at least three years whom you authorize us to contact. References may include supervisors, co-workers, faith leaders, teachers or school counselors. One reference must be a family member or guardian.

Name: _____
Relationship: _____ Years Known: _____
Address: _____
City: _____ State: _____
Email: _____
Telephone Number: _____

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Address: _____
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CAMP S.W.A.G.



Students With Ambitions & Goals

Camp S.W.A.G. Volunteer Application

Signature Page

Signature: _____ Date: _____

Parent Full
Name: _____

Parent Signature (if applicant is under 18):
_____ Date: _____

PLEASE ATTACH A COPY OF YOUR RESUME, IF AVAILABLE

Please email application to Volunteer@cs wag.org or mail to the following
address:

Camp S.W.A.G.
Attn: Human Resources
P. O. Box 3392
Cary, NC 27513