

ADULT VOLUNTEER APPLICATION FORM

VALID FROM _____ TO _____



“Camp Fire USA builds caring, confident youth and future leaders.”

PRINT CLEARLY – USE BLACK INK ONLY

First Name	Last Name
Mailing Address	Home Address – if different
City Zip	City Zip
Home Phone Best time to reach?	Work Phone Ext. Okay to call at work?
Cell/Other Phone	Do you have a valid driver’s license? Yes ___ No ___ License # , State, and Expiration Date
Live in Polk County? Yes ___ No ___ If yes, how long? _____ If not, what county? _____ State? _____ How long?	Insurance Company and Policy Number
Social Security Number	Race (circle one) African-American White Hispanic Native Alaskan/Indian Asian Multi-Racial
Male ___ Female ___	Date of Birth
Would you like to receive our monthly newsletter by email? Yes ___ No ___	E-mail Address

Do you have experience working with youth? Yes ___ No ___ Please explain:
Have you ever worked with children or adults with disabilities? Yes ___ No ___
Do you have any special education, training or skills?

