



# Volunteer Application

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Do you have a driver's license? YES NO

Have you ever been convicted of a felony? YES NO

Do you have any legal restrictions regarding being around minors? YES NO

Why would you like be a volunteer with Friends of Camp Wassatoga? \_\_\_\_\_

\_\_\_\_\_

Please list any skills, interests, or abilities that may be helpful to Friends of Camp Wassatoga?

\_\_\_\_\_

Please mark below any areas of interest where you would like to volunteer:

- |   |   |
|---|---|
| <input type="checkbox"/> Grant writing                            | <input type="checkbox"/> Event Planning               |
| <input type="checkbox"/> Fundraising                              | <input type="checkbox"/> Helping with Events          |
| <input type="checkbox"/> Carpentry                                | <input type="checkbox"/> Tree Trimming / Removal      |
| <input type="checkbox"/> Plumbing                                 | <input type="checkbox"/> Public Relations             |
| <input type="checkbox"/> Electrical                               | <input type="checkbox"/> Writing / Desktop Publishing |
| <input type="checkbox"/> Interior Cleaning of Buildings           | <input type="checkbox"/> Social Media                 |
| <input type="checkbox"/> Exterior Cleaning of Buildings/Equipment | <input type="checkbox"/> Marketing                    |
| <input type="checkbox"/> Trail Clean-up and Maintenance           | <input type="checkbox"/> Public Speaking              |
| <input type="checkbox"/> Mowing and Yardwork                      | <input type="checkbox"/> Other: _____                 |

Please return to: *Friends of Camp Wassatoga, PO Box 1201, Effingham IL 62401*