



AMERICAN LUNG ASSOCIATION IN UTAH
 CAMP WYATT
 July 13-17, 2015
VOLUNTEER APPLICATION

**PHOTO IS REQUIRED
 BEFORE
 APPLICATION IS
 COMPLETE**



Name: _____ E-mail Address: _____

Address: _____
 Street address City State Zip

Birth Date: __/__/____ Home Telephone: (____) ____ - ____ Work Telephone: (____) ____ - ____

Position applying for: Circle One: Jr. Counselor (16-17 years) Sr. Counselor (18+ years) Lifeguard (16+ years) Kitchen Staff (16+ years)

Drivers License # _____

18+ Volunteers: Your Social Security # will be required upon acceptance in order to process a background check.

General Health:

Circle one: Excellent / Good / Fair / Poor **Do you have:** Asthma ____ Lung Disease ____ Other _____

Upon acceptance to volunteer, a more in depth health form will be required.

Education: School Dates Attended Degree Awarded

College: _____

High School: _____

Major/College Program and Year in Program _____

Work Experience:

Company Name Employment Dates Types of Work Supervisor/Phone #

Related Experience: Explain each (i.e Nurse Aide, Tutor, BLS/CPR certified, etc.)

Teaching _____
Medical _____
Asthma Education _____
Lifeguard Certification _____
Other _____

Previous Summer Camp Experience: _____ **Year(s):** _____

Briefly describe your camp experience.

Other volunteer service, experience, hobbies, interests or talents relevant to being a camp counselor:

Briefly discuss your personal strengths and what you will contribute to Camp Wyatt. Also, what do you expect the camp to do for you? Please attach additional sheet(s) if necessary.

References:

Professional: Name _____ Phone _____

Personal: Name _____ Phone _____

Have you ever been convicted of any crime including sex related and/or child abuse related offenses?

Yes ____ No ____ (*Background checks will be done prior to eligibility to volunteer*)

By signing this application, I acknowledge that the above information is correct. I agree to attend any training/orientation sessions prior to camp, to be in attendance for the full duration of Camp Wyatt, and to comply with all rules and regulations of the camp.

Applicant's signature: _____ **Date:** _____

**Mail or Email Application to:
American Lung Association in Utah
c/o Jamie Riccobono
1930 South 1100 East
Salt Lake City, Utah 84106
Phone: (801) 484-4456
infoutah@lungs.org**