S.T.A.R. Camp
Volunteer Application (18+)

Background check (paid by S.T.A.R. Camp) will be required for all volunteers.

Volunteer Information:

Volunteer Name: _____

Email: _____

Gender: ☐ M ☐ F   Date of Birth: _____   Age: _____

Full Address: _____
_____Address_____City_____Zip_____

Cell Phone #: _____   Other Phone #: _____

T-shirt Size: ○ Adult   ○ Child   Select One: ○ XS ○ S ○ M ○ L ○ XL ○ XXL ○ XXXL

I will Volunteer: ○ Week 1   ○ Week 2   ○ Week 3

Emergency Contact Information:

Full Name: _____   Cell Phone: _____

Relationship: _____   Phone: _____

Volunteer Preference:

☐ Preschool Age 3-5   ☐ Age 6-12   ☐ Age 13+

Community Service Hours Needed? ☐ Yes ☐ No   For: _____
Indicate for and date needed by

Check one of the following: ☐ Self-Motivated   ☐ Need to work with someone

Past Volunteer/Work Experience:

List up to three of your most recent volunteer experiences (if applicable):

Project/Work	Location	Contact Name	Phone

References:

List three references we can contact who have knowledge of your character, experience or abilities.

Full Name/Occupation	Full business/home address	Phone

*******************************For Office Use Only*******************************

☐ Current BCI Check on File ☐ Yes ☐ No   Check by Staff: _____ Date: _____

Send Application to: Email: starsummercamp2021@gmail.com   Camp Director(s): Jim Wotowiec (13+ yrs) 216-407-0139
Or mail to: PO Box 41066 | Brecksville, OH 44141   Lori Wotowiec (Preschool/6-12 yrs) 216-618-0807