



CAMP TO BELONG MASSACHUSETTS
SIBLING SUNDAY/SATURDAY

NEW VOLUNTEER APPLICATION

DATE OF APPLICATION: _____

PERSONAL INFORMATION:

NAME: _____

NICKNAME(S) (IF APPLICABLE): _____

MAIDEN NAME (IF APPLICABLE): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOW LONG HAVE YOU LIVED AT ADDRESS? _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

GENDER: _____ HEIGHT: _____ WEIGHT: _____

LANGUAGE INFORMATION:

ARE YOU BILINGUAL? (Circle one) YES NO

If yes, please list those languages that you are proficient in: _____

DRIVER'S LICENSE NUMBER: _____ STATE ISSUED: _____

EXPIRATION DATE: _____

Has your driver's license ever been suspended or revoked? YES NO
(Circle one)

(If yes, attach a signed document indicating the nature and the circumstances of the action taken against you.)

CRIMINAL HISTORY:

Have you ever been convicted of a crime? (Exclude any minor traffic violations for which the fine was \$50 or less before April 5, 1985 or \$100 or less on or after April 4, 1985.) (Circle one) YES NO

Have you ever been arrested for a crime? (Circle one) YES NO

(If yes, attach a signed document indicating the nature and circumstances of the crime(s).)

Sibling Connections requires clearance for all volunteers through the Department of Justice, Child Abuse Index and/or Investigative firms.

Do you give Sibling Connections consent to obtain these clearances with regards to you serving as a volunteer with Sibling Connections? (Circle one) YES NO

EDUCATION BACKGROUND:

DEGREE(S) HELD: _____

FIELD OF STUDY: _____

ARE YOU CURRENTLY A STUDENT? (Circle one) YES NO

IF YES, LIST YEAR IN SCHOOL: _____

PRIOR RESIDENCY INFORMATION:

PREVIOUS ADDRESS #1:

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
LENGTH OF RESIDENCY: _____

PREVIOUS ADDRESS #2:

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
LENGTH OF RESIDENCY: _____

EMPLOYMENT HISTORY:

PRESENT EMPLOYER: _____
ADDRESS: _____
PHONE: _____ POSITION: _____
SUPERVISOR: _____
RESPONSIBILITIES: _____

PREVIOUS EMPLOYERS:

PRIOR EMPLOYER #1: _____
ADDRESS: _____
PHONE: _____ POSITION: _____
SUPERVISOR: _____
RESPONSIBILITIES: _____
REASON FOR LEAVING: _____

PRIOR EMPLOYER #2: _____
ADDRESS: _____
PHONE: _____ POSITION: _____
SUPERVISOR: _____
RESPONSIBILITIES: _____
REASON FOR LEAVING: _____

HEALTH BACKGROUND:

Do you have any health issues that would pose a risk to campers or staff? (Circle one) YES NO

If yes, please elaborate: _____

Do you have any health issues that would prevent or limit your participation in Sibling Connection activities? (Circle one) YES NO

If yes, please elaborate: _____

Are you currently certified in CPR training? (Circle one) YES NO

If yes, certification expiration date: _____

Are you currently certified in First Aid training? (Circle one) YES NO

If yes, certification expiration date: _____

VOLUNTEER EXPERIENCE:

Are you volunteering as a paid representative of your agency or business? (Circle one) YES NO

Are you volunteering on your personal time? (Circle one) YES NO

Please list all past and current volunteer experiences (attach additional sheets as necessary):

- 1: _____
- 2: _____
- 3: _____
- 4: _____
- 5: _____

What interested you in volunteering with Sibling Connections related activities?

Have you had any experience with children in foster care, adoption, or kinship care?

AGREEMENTS:

Please read each paragraph and initial next to each confirming your review.

_____ I understand the opportunity to participate in Sibling Connection activities is a volunteer position, and therefore money for services will not be exchanged. If I am traveling to a volunteer site outside of my home geographic area, I understand I am responsible for all transportation costs to and from the Sibling Connections activity site.

_____ I understand that I will participate in volunteer training starting with reviewing documents that may come through regular mail and/or email prior to volunteering, as well as attend on-site pre-activity training as necessary.

_____ I understand that as a volunteer counselor accepted into the Sibling Connections program I may be asked to assist in the fundraising efforts for the Organization. Details and supporting materials will be provided during the application process.

_____ I understand that as a volunteer counselor accepted into the Sibling Connections' programs that my use of technological devices is prohibited unless during designated break times. Devices include, but are not limited to computers, cell phones, and digital cameras. I further understand that, unless specifically approved by a member of the Board of Directors of Sibling Connections, the use of personal cameras is **absolutely prohibited**.

_____ I authorize investigation of all statements herein and release Sibling Connections and all others from liability in connection with it. I understand that if I am chosen to volunteer, it will be at-will, and any agreement to the contrary must be in writing and signed by Sibling Connections. I also understand that untrue, misleading or omitted information herein or in other documents completed by the applicant will result in dismissal regardless of the time of discovery by Sibling Connections.

APPLICANT NAME (PRINT): _____

APPLICANT SIGNATURE: _____

Please return your completed application to:

Sheila Kane

11 Kingsbury Way

Yarmouth Port, MA 02675

508.375.0419

sheilakane@comcast.net

www.siblingconnections.com