



# Camp Paivika Volunteer Application

**Please return application to:**  
Program Director, Lauren  
Wilson, [lwilson@abilityfirst.org](mailto:lwilson@abilityfirst.org)  
  
**Questions?**  
(909) 338-1102 x 5004

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Email: \_\_\_\_\_ T-shirt Size: S M L XL XXL  
Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Gender: male female  
Current Level of Education: High School College Student College Grad Other: \_\_\_\_\_  
School currently attending: \_\_\_\_\_ Field of Study/Degree: \_\_\_\_\_  
Have you ever been convicted of any crime other than a minor traffic violation? Yes No  
If yes, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about AbilityFirst Camp Paivika? \_\_\_\_\_

Have you ever been a staff member, volunteer or camper at Camp Paivika? Yes No  
If yes, please list dates and positions: \_\_\_\_\_

Please list any and all experience that you have had working/volunteering with people with developmental and/or physical disabilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer at Camp Paivika? \_\_\_\_\_  
\_\_\_\_\_

Volunteer Interests:  
What program(s) are you interested in volunteering for? Summer Sessions Weekend Sessions  
What would you like to do as a volunteer at Camp Paivika? Cabin Counselor Camp Assistant  
Program Assistant Nursing Assistant Kitchen Assistant Janitorial Assistant Office Assistant  
Other: \_\_\_\_\_

I certify that the information contained in this volunteer application is correct to the best of my knowledge and understand that any falsification, misrepresentation, or omission on this application may result in my rejection as a volunteer or dismissal if I have been selected. I authorize any of the persons or organizations reference in this application to give AbilityFirst any and all information concerning my previous employment, education, volunteerism or any other information they might have, personal or otherwise with regard to any of the subjects covered by this application and release all such parties and AbilityFirst from all liability for any damage that may result from furnishing such information. I authorize AbilityFirst to request and receive such information. \_\_\_\_\_

Initial

If selected as a volunteer, I understand that I will be expected to actively participate as a volunteer, will need to comply with any and all established AbilityFirst policies and procedures and that this placement is an at-will situation and either AbilityFirst or I may terminate my volunteer relationship at any time, with or without cause, and with or without notice.

\_\_\_\_\_  
Initial

I affirm that I am currently in good health and know of no medical condition that will jeopardize the health of consumers, volunteers or staff. \_\_\_\_\_

Initial

I understand that offers of volunteering at Camp Paivika are conditioned on the satisfactory completion of a criminal background check, Live Scan fingerprinting, reference check and clear tuberculosis test. \_\_\_\_\_

Initial

Volunteer applicant name (printed): \_\_\_\_\_ Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if volunteer under 18 years of age): \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Information if volunteer is under 18 years of age**

Name: \_\_\_\_\_ *Mother* *Father* *Legal guardian*  
Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_ Address: \_\_\_\_\_  
*Street City State Zip*

Name: \_\_\_\_\_ *Mother* *Father* *Legal guardian*  
Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_ Address: \_\_\_\_\_  
*Street City State Zip*