

Camp Deerpark

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PO Box 394
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12785

LONG TERM VOLUNTEER APPLICATION

Date _____

PERSONAL INFORMATION

Name _____

Phone _____

Present Address _____

Social Security # _____ Date of Birth _____

Sex _____

Citizenship _____ Language (s) _____

Marital Status: _____

Number of children _____ Ages _____

Emergency Contact Person _____ Phone _____

Church Affiliation _____ Pastor _____

Pastor Phone _____ Pastor Email _____

My pastor is aware of, and has blessed this service experience: yes no

Area of Camp you desire to volunteer: _____

List any skills or gifts that you may bring to Camp Deerpark

Have you ever been convicted of a crime? _____ If so explain:

Please be advised that a criminal background history and background check may be conducted. Your submission of this application gives Camp Deerpark permission to contact your pastor and or conduct a criminal background check.

Note: All volunteers who serve at Camp Deerpark for more than seven days must fill out this form and return it to the camp administrator by their third day of service.

Signature _____ Date _____