



Volunteer Application & Agreement

Spokane Office
 524 North Mullan Road
 Spokane Valley, WA 99206
 509 747 6191 or 800 386 2324
 Fax: 509-747-4913
 Web: www.campfireinc.org

INSTRUCTIONS: Please complete all information and SIGN this application. Return this form with your completed Registration Application OR, if you have already submitted your Registration Application, complete and mail this form to the address listed. **Please Print.**

Full Name _____

Present Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Are you at least: 13 years of age? 16 years of age? 18 years of age? 21 years of age?

Area of Volunteer Interest _____

Geographic Preference _____

Do you have relatives employed (paid or volunteer) by Camp Fire USA? Yes No

If yes, whom? _____

Volunteer Experience

Have you ever been employed by or volunteered for Camp Fire before? Yes No

If YES, please tell us what you did _____

Camp Fire Council(s) _____ Date(s) _____

Have you ever worked or volunteered with children? Yes No

If YES, please tell us what you did _____

Name(s) of organization(s) _____ Date(s) _____

Name(s) of organization(s) _____ Date(s) _____

Education

	City/State	Major	Degree	# of Years Completed
High School or GED:				
College/University:				
Graduate School:				
Vocational/Technical:				

REFERENCES

Please give at least four references you have known a minimum of two years, other than relatives.

1. Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Relationship to you _____ E-mail _____

2. Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Relationship to you _____ E-mail _____

3. Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Relationship to you _____ E-mail _____

4. Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Relationship to you _____ E-mail _____

Volunteer Agreement

I agree to make a volunteer commitment of my services for a period of as determined by my program/area of interest. I have received, read and will abide by the council’s Child Abuse Policies and Guidelines related to preventing and reporting child abuse. I further agree to fulfill the responsibilities of this position as described in the job description, to the best of my ability. I understand that this agreement is dependent upon successful completion of a Multi-State Background Check and that the return of a negative background check will result in the immediate nullification of this agreement.

I consent to the issuance and use of any photographs, slides, video and/or audio recording of me during and/or after my service with Camp Fire USA and to the use of quotes, whether for advertising, promotional and/or publicity purposes by Camp Fire USA or its United Way Community Fund, American Camp Association or other member groups of which Camp Fire USA may be a member. I waive all compensation for such use or for damage.

If at any time, I find I am no longer able to continue in this position with Camp Fire USA Inland Northwest Council, I may contact my Program Manager and withdraw my agreement. Every effort will be made to provide at least two weeks notice prior to my resignation. I understand that I am responsible to my Program Manager. I may contact a Program Manager at 509-747-6191 x15 or 800-386-2324 x15 with any questions or concerns that I may have concerning my position.

Signature _____ Date _____