

CAMP MAGIK VOLUNTEER APPLICATION FORM

3377 Ridgewood Road, NW

Atlanta, GA 30327

Phone: 404.790.0140

Fax: 404.355.6631

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home No. \_\_\_\_\_ Work No.: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Experience working with children, with brief description of work performed:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Education/Training related to working with children:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any special skills, interests, and/or abilities (e.g. arts, crafts, music, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any health related problems or physical limitations?

Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

How did you hear about Camp Magik? \_\_\_\_\_

Why would you like to be a Camp Magik volunteer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you experienced the death of a family member or close friend in the last year?

Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Categories of volunteer service you may be interested in:

Lead Counselor (education and training required)

Co Counselor

Unit Leader

Food

Artwork

\_\_\_\_ Registration  
\_\_\_\_ Other \_\_\_\_\_

Please list the names, addresses, and telephone numbers of three people we may contact for references:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

All references will be held in confidence and thus not accessible to the volunteer.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize Camp Magik to make such inquiries of my personal history and other related matters as may be necessary in arriving at a decision about volunteer placement. If I apply to be a lead counselor, a criminal background check will be required. I hereby release above persons from all liability in responding to inquiries in connection with my application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature