



VOLUNTEER APPLICATION *~Please type or print in ink.*

Areas of Interest (please circle): Program Equestrian Office
Maintenance Medical Dietary Special Events

PERSONAL INFORMATION:

Name _____

Present/School Address _____

City _____ State _____ Zip _____ Phone () _____

Permanent Address _____

City _____ State _____ Zip _____ Phone () _____

E-Mail Address _____ Cell Phone () _____

EDUCATION:

High _____ City, State _____ Graduation Date _____

College _____ Graduation or Expected Date _____

Major _____ Minor _____ Degree _____

Grad School _____ Graduation or Expected Date _____

Major _____ Minor _____ Degree _____

EMPLOYMENT:

1) Employer _____ Dates _____

Type of work/position held _____ Phone Number _____

2) Employer _____ Dates _____

Type of work/position held _____ Phone Number _____

3) Employer _____ Dates _____

Type of work/position held _____ Phone Number _____

PREVIOUS VOLUNTEER EXPERIENCE:

1) Company/Organization/Group _____ Dates _____

Type of work/position held _____

2) Company/Organization/Group _____ Dates _____

Type of work/position held _____

SKILLS/INTEREST:

In the following list, put a number 1 next to those items in which you are skilled and have an ability to teach, put a number 2 next to those with which you have had some experience, and a number 3 next to those in which you may have no skill, but do have an interest. All others leave blank.

Creative Arts

- Painting Activities
- Drawing
- Leather Crafts
- Candle Making
- Jewelry/Beading
- Handi-Crafts
- Adaptive Craft Activities
- Tie Dye
- Paper Making
- Working w/ Plaster of Paris
- Nature Crafts
- Making Music
- Singing
- Dancing
- Leading Songs
- Drama
- Puppets
- Other: _____
- Other: _____

Challenge Course Skills

- High Ropes/Universal Facilitation
- Low Ropes Facilitation
- Technical Tree Climbing
- Climbing Wall Facilitation
- Team Building Initiatives
- Other: _____

Animals

- Adapted Riding
- Western Riding
- English Riding
- Stable Management
- Tack Care
- Instructions /Lessons
- Small Animal Care
- Other: _____

Waterfront

- Adapted Aquatics
- Water Games
- Rowing
- Canoeing
- Swimming
- Fishing
- Pontoon Boats
- Other: _____

Outdoor Living Skills

- Backpacking
- Hiking
- Overnight Camping
- Orienteering
- Outdoor Cooking
- Fire Building
- Survival Skills
- Other: _____

Outdoor Education

- Environmental Education
- Composting/recycling
- Organic Gardening
- Tree/Plant Identification
- Wetlands Knowledge
- Wild Edibles
- Native American Crafts
- Native American Culture
- American Pioneer History
- Other: _____

Sports/Recreation

- Adaptive Sports Activities
- Archery
- Badminton/Tennis
- Basketball
- Group Games
- Kickball
- New Games
- Soccer
- Softball/T-ball
- Volleyball
- Other: _____

Technical

- Landscaping
- Food Service
- Mechanics
- Clerical
- Other: _____

CERTIFICATIONS:

Check the current licenses or certificates you hold. None of the below are a pre-requisite for volunteering.

- American Red Cross Water Safety InstructorExpires _____
- American Red Cross LifeguardExpires _____
- American Red Cross Small Craft Safety.....Expires _____
- American Red Cross First AidExpires _____
- Cardiopulmonary Resuscitation (CPR) (___Basic ___ Prof. Rescuer).....Expires _____
- Emergency Medical Technician (EMT)Expires _____
- Wilderness First Aid.....Expires _____

PERSONAL PROFILE:

Please answer the following questions honestly and thoughtfully.

- 1. What personal qualities, skills, and/or interests do you have that would help to make camp a positive experience for the campers?

- 2. Do you have any experience working with people with special needs? Please explain. If not, please share your reasons for wanting to do so.

- 3. List an accomplishment from your personal and/or professional life in which you are most proud.

REFERENCES:

Please do not include relatives. Use employers, teachers, neighbors, etc.

- 1. Name _____ E-mail: _____
 Day-time Phone () _____ Evening Phone () _____ How Known _____
- 2. Name _____ E-mail: _____
 Day-time Phone () _____ Evening Phone () _____ How Known _____

PLEASE ANSWER ‘YES’ or ‘NO’ TO THE FOLLOWING QUESTIONS:

- Have you ever been convicted of a crime involving theft or drugs? Yes / No
- Have you ever been convicted of a crime involving violence? Yes / No
- Have you ever been disciplined or discharged by an employer for sexual harassment? Yes / No
- Have you ever been convicted for abuse or any sex-related crime? Yes / No
- Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? Yes/ No

I certify that the information I have given on this application is complete and correct.

Signed _____ Date _____

Return to: The Fowler Center
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