



24075 E Arrah Wanna Blvd.
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Office Use Only	
Date Rcvd:	_____
BC Date:	_____
yr 1	_____
yr 2	_____
yr 3	_____

RETURNING Volunteer Application

If you have volunteered at CAW previously, but need to update your information (every 3 years), then this is the form for you! All information must be complete and received at CAW at least 1 week prior to arrival.

Name _____

Maiden / Previous / Alternative Names: _____

Mailing Address: _____
Street City State Zip

Cell: () _____ 2nd Phone: () _____

E-mail _____ Birthday: ____ / ____ / ____

I am over 21 yrs. of age: YES NO **GENDER:** Male Female

Volunteer Position Desired:

- Camp Counselor Site Maintenance Help Specific Camp Session:
 Program Support Staff Program Speaker
 Adult Helper Office Other: _____

In what capacity have you previously served as a volunteer at CAW? _____

Have you ever been convicted of a misdemeanor or a felony? Yes _____ No _____
 (If yes, please explain) _____

Have you ever been accused of child abuse, child neglect, or misconduct concerning minors? _____
 If yes, please explain: _____

Emergency Contact Person(s): _____
 Phone # _____ Cell # _____
 Relationship to you: _____

Use of alcohol, tobacco, and drugs (other than prescribed by a licensed physician), are prohibited while serving as a volunteer at CAW. Will you abide by this regulation and uphold it? YES NO

To best of my knowledge, the information I've supplied here is true and accurate. I give Camp Arrah Wanna, Inc. & the American Baptist Churches of the Central Pacific Coast my permission to conduct a criminal background check. I understand that the information supplied in the background check is being used to insure the safety and well-being of the campers and guests of Camp Arrah Wanna. I release all persons serving as references from any liability.

Applicant's Signature: _____ Date: _____