

Touch of Nature Camp BETA Volunteer Form

We are in need of volunteers with different skills and backgrounds including nurses, dietary or kitchen help and chaperones/counselors!

Name: _____ Birthdate: _____ T-shirt size: S M L XL XXL
Last First Initial Circle

Address: _____
Street/Box Number City State Zip

Telephone Number () _____ E-Mail _____

EMERGENCY CONTACT: Name _____ Phone # _____

EXPERIENCE (Any type of related experience—employment or as a volunteer)

| Name of Agency | Name of Position OR Type of Experience | For How Long? |
|----------------|--|---------------|
|----------------|--|---------------|

CERTIFICATIONS and or EDUCATION (please list any related certifications)

Please describe any experience with individuals who have diabetes or disabilities:

Please indicate if you are available the entire weekend including overnight or what your specific availability is:

REFERENCES Please list an individual who has knowledge of your character and experience:

| Name | Relationship | Phone | Email |
|------|--------------|-------|-------|
|------|--------------|-------|-------|

Signature & Date: _____

Please submit forms to Vicki Lang
Fax: 618-453-1188 or Vickil@siu.edu