



VOLUNTEER APPLICATION

Name: _____

Date of birth: _____

Address: _____
street city zip code

Home phone: _____ Cell/work phone: _____

Email Address: _____

Emergency contact: _____ Relationship: _____

Emergency contact phone: _____

Has a recent background check been completed: Yes ___ No ___ If yes, please submit a copy with your completed application. **If no**, please pursue getting a volunteer background check completed. Each volunteer is responsible for providing their own background check prior to volunteering.

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. _____

Summarize your previous volunteer experience. _____

**Camp will be held at Christ United Methodist Church, 1340 Woodstock Rd
Roswell, GA 30075**

Camp runs for 3 weeks, Mon-Fri, 8:30-3:30. Number of weeks/hours you will be needed depends on number of campers as well as volunteers. We will notify volunteers of our needs. We ask that volunteers be available for a minimum of one week for consistency with the children. Thank you for your interest in Camp Open Hands. Please complete application and email, mail or fax to Powerhouse Therapy.

Availability: _____

Powerhouse Therapy, 4650 Glenforest Dr, Roswell, GA 30075, Fax: 678.802.2123
Phone: 404.933.9869 Email: info@constrainttherapy.com