

Camp Corazones Dates: July 13/14/15/16, 2017  
New Mexico Army National Guard, Santa Fe

# CAMP CORAZONES

## VOLUNTEER APPLICATION

Return by: JUNE 16, 2017



DATE \_\_\_\_\_

NAME \_\_\_\_\_ Middle \_\_\_\_\_ LAST \_\_\_\_\_

T-SHIRT SIZE (S/M/L/XL) \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_\_) \_\_\_\_\_

CELL (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

BI-LINGUAL? Y\_\_\_ N\_\_\_ GENDER: M\_\_\_ F\_\_\_ ETHNICITY \_\_\_\_\_

HOW DID YOU HEAR ABOUT CAMP CORAZONES? \_\_\_\_\_

WHAT IS YOUR INTEREST IN VOLUNTEERING WITH CHILDREN, WOMEN AND MEN CHALLENGED BY HIV & AIDS? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT AGE GROUP WOULD YOU LIKE TO BE WITH AT CAMP? (Children 5-12) \_\_\_\_\_  
\_\_\_\_\_

IN-KIND SERVICE PROVIDER Y\_\_\_ N\_\_\_

Describe your presentation/program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Day/Time requested for your presentation: \_\_\_\_\_

In what other capacity would you like to volunteer? \_\_\_\_\_

RETURN:

CAMP CORAZONES  
PO BOX 23766  
SANTA FE, NEW MEXICO 87502

ARE THERE ANY EXISTING PHYSICAL/MEDICAL CONDITIONS THAT MIGHT LIMIT YOUR PARTICIPATION IN CAMP ACTIVITIES? \_\_\_\_\_

\_\_\_\_\_

FOOD RESTRICTIONS: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

**LIST 2 REFERENCES (not employer)**

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

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

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

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

State/Zip: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Work Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

**\*\*BACKGROUND/CRIMINAL CHECKS**

**DUE TO THE NATURE OF CAMP CORAZONES WE RESERVE THE RIGHT TO ACCEPT/REJECT POTENTIAL COUNSELORS, STAFF, OR VOLUNTEERS**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**THANK YOU FOR MAKING THEIR SUMMER CAMP EXPERIENCE FUN, EXCITING AND A HAPPY MEMORY THEY WILL REMEMBER FOR A LONG TIME!**

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