

Camp Celiac – Rhode Island

Potential Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Gender: _____ DOB.: _____

How did you hear about Camp Celiac: _____

Are you living gluten-free? YES NO Any experience or interest working in a professional kitchen setting? YES NO

Have you ever been convicted of a felony? YES NO

Any other food restrictions other than gluten: _____

Questions

Why are you interested in volunteering at camp celiac?

Do you have a child planning to attend camp? If so, please give their gender and age.

If you have a child planning to attend camp, is your offer to volunteer tied to their attending camp?

Do you have any experience working with children?

Campers range from 8yo – 16yo, and we have age groups from 8-10, 11-13 and 14-16. Do you have a preferred age group?

Camp celiac has a limited cell phone policy to help everyone be fully immersed in the camp experience. Will having very limited access to your phone/ internet be a problem?

Camp will require you to be highly active for 6 days. This will include lots of time outside, swimming, following a busy schedule and dealing with the weather elements. Do you have any physical restrictions?

Do you have any other volunteer experience?

References

Please list two references.

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Address: _____

Employment History or Attach Resume

Company: _____

Job Title: _____

From: _____ To: _____

Company: _____

Job Title: _____

From: _____ To: _____

Disclaimer and Signature

Potential volunteer understands that this information will be held in confidence and that they will be notified by a Director of Camp Celiac if a volunteer position is available. This would then involve phone interviews and the submission of a full Background Check.

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Please complete and email this application to: info@campceliac.org

Alternatively, you may mail the application to: Camp Celiac, PO Box 945, Newfield, NJ 08344

If you qualify for a position, we will be in touch by April with an invitation to interview for an opening.