

# 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?

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### 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](mailto: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.