



VOLUNTEER APPLICATION

ANOTHER BEST DAY

Our mission is to provide individuals with disabilities an enriched life experience through recreation, advocacy and meaningful relationships.

PERSONAL INFORMATION

NAME: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

ARE YOU AT LEAST 18 YEARS OF AGE?: Yes No

ARE YOU CURRENTLY IN SCHOOL? _____

IF YES, WHERE?: _____ DEGREE OR PROGRAM OF STUDY: _____

HOW DID YOU HEAR ABOUT IKUS?: _____

WHAT IS YOUR PURPOSE FOR VOLUNTEERING (COMMUNITY SERVICE, CLASS REQUIREMENT, PROFESSOR'S RECOMMENDATION, FIELDWORK, ETC.):

WHAT DO YOU HOPE TO GAIN FROM YOUR VOLUNTEER WORK?

DO YOU HAVE ANY SEVERE ALLERGIES, MEDICAL CONDITIONS, OR DIETARY NEEDS WE SHOULD BE AWARE OF?



Indian Trails Camp is an equal opportunity employer

0-1859 Lake Michigan Dr. NW
Grand Rapids, MI 49534

MAILING: PO Box 97
Grandville, MI 49468

Ph: 616.677.5251
Fax: 616.677.2955



BACKGROUND CHECK INFORMATION

FULL NAME: _____

DATE OF BIRTH: _____

SEX: _____

RACE: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OTHER THAN A TRAFFIC VIOLATION? _____

AREAS & OPPORTUNITIES

VOLUNTEER AREAS

- Summer Camp Weekend Respite Skill Building R.E.C. Connect

VOLUNTEER OPPORTUNITIES

Respite and Summer Camp

- Assist with implementing activities
- Plan activities
- Lead activities
- Assist with cleaning
- Organize supplies
- Be a camper buddy
- Assist with special events (can include decorating, registration, facilitation, and more)

R. E. C. Connect

- Assist with group activities on site
- Assist with community outings

Do you have any special interests, hobbies, or skills you would like to share?

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP TO YOU: _____

PHONE NUMBER: _____

ALTERNATE NUMBER: _____





VOLUNTEER RELEASE

I, _____, understand that the scope of my relationship with IKUS is limited to a volunteer position and that no compensation is expected in return for my services; that IKUS will not provide any benefits traditionally associated with employment; and that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my participation in IKUS activities.

I understand that the services I provide to IKUS may be hazardous to me, including but not limited to, recreational activities, aquatic activities, and community outings. As a volunteer, I hereby expressly assume risk of injury or harm from this activities and release IKUS from all liability.

I grant IKUS all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by IKUS in connection with my providing volunteer services to IKUS.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

(signature)

(date)

