



www.hdiabetescenter.org

Application for Day Camp Volunteer

Full Name: _____ DOB: _____

Address: _____
City State Zip

Home phone: () _____ Cell phone: () _____

Email address: _____

Education:

Circle highest grade completed: 7 8 9 10 11 12 Some college College grad Trade School

Occupation/Work experience: _____

Emergency Contact: _____
Name Address Phone Relationship

Social Security #: _____ - _____ - _____

Other Volunteer Experience: _____

Attach a valid copy of driver's license or school ID

Specify if you have any health conditions we need to be aware of: _____

T-Shirt size S M L XL XXL

I give permission to Humphreys Diabetes Center to conduct a background check prior to my participation in Sweet Kids Day Camp.

Signature

Date