

VOLUNTEER APPLICATION  
Camp Crescendo @ Camp TUKuskoya

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

(home) \_\_\_\_\_  
city state zip

Date of Birth (mm/dd/yy): \_\_\_\_\_

Gender:  Male  Female

Address \_\_\_\_\_

U.S. Citizen? yes\_\_\_ no\_\_\_

(mailing) \_\_\_\_\_

Telephone(s) \_\_\_\_\_  
city state zip home work msg

Have you ever volunteered for the Alaska Center for the Blind and Visually Impaired? yes\_\_\_ no\_\_\_

If yes, doing what and when? \_\_\_\_\_

Skills and experience with working with Blind and Visually Impaired individuals:

Day / Time Available:

- Friday Set Up  Sunday  Monday  Tuesday  Transportation  Activities/Outdoor Games  
 Crafts/Indoor Games  Counselor  Open for any opportunity

What are the reasons you would like to work for the Alaska Center for the Blind and Visually Impaired?

REFERENCES:

Please list three references who are unrelated to you and whom we may contact:

1. Name:

Phone Number:

2. Name:

Phone Number:

3. Name:

Phone Number:

I hereby certify that all of the above statements are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date

It is the policy of the Alaska Center for the Blind and Visually Impaired to initiate comprehensive affirmative action personnel programs in order to provide applicants and employees the right to equal employment opportunities. The Alaska Center for the Blind and Visually Impaired will not engage in discriminatory practices against any person employed or seeking employment because of race, color, religion, ethnic background, national origin, marital status, physical or mental handicaps, veteran status or sexual preference or within the limits imposed by law because of age or citizenship.