



# VOLUNTEER APPLICATION

**Please Return To:**  
The Camp Tyler Outdoor School  
P.O. Box 1916  
Whitehouse, Texas 75791  
903.565.4475  
Fax: 903.565.4490  
info@campTyler.org

*All information will be treated confidentially. Please answer all questions as completely as possible. The use of this form does not necessarily indicate that volunteer positions are open nor does it constitute an offer or a contract of placement.*

## PERSONAL INFORMATION (Please print clearly.)

Full Legal Name: (Last) \_\_\_\_\_ (First): \_\_\_\_\_ MI: \_\_\_\_\_

Street: \_\_\_\_\_ P.O. Box/Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Pager: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ (both required for background check)

**Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # ( \_\_\_\_\_ )

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## SPECIAL SKILLS/INTERESTS

**Licenses:** (include nurse's, EMT and professional licenses):

Type/Number :	Exp. Date:	Status:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any special skills that you believe would be helpful to The Camp Tyler Outdoor School:

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**HISTORY**

Have you ever been a volunteer for The Camp Tyler Outdoor School? \_\_\_\_\_ If yes, what program/dates?

\_\_\_\_\_  
\_\_\_\_\_

What other organizations have you volunteered for in the past and what did you do? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

**AVAILABILITY AND INTERESTS**

Please list the volunteer position that you are applying for: \_\_\_\_\_  
Please list areas of interest:

- |                           |                           |                     |
|---------------------------|---------------------------|---------------------|
| Horse Management _____    | Prairie Restoration _____ | Nature Trail _____  |
| Farm Tour _____           | Community Garden _____    | Camp Store _____    |
| Adventure Challenge _____ | Row Crops _____           | GPS Challenge _____ |
| Office Support _____      | Other _____               |                     |

Please list the times that you are available to volunteer: \_\_\_\_\_

Are you interested in a one-time volunteer opportunity? \_\_\_ Are you interested in being a long-term volunteer? \_\_\_

Are you interested in working with children? Yes\_\_\_ No\_\_\_

**CHARACTER REFERENCES**

*List two people, other than family.*

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

Evening Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

**CONSENT**

***For the protection of the campers, The Camp Tyler Outdoor School asks persons who intend to serve as a volunteer to submit to a criminal history information check. (Texas Education Code section 22.083 and the Texas Administrative Code: Texas Youth Campus Safety and Health Code Rule 265.12). The information requested is required to obtain a criminal history review and will be kept confidential.***

I hereby give The Camp Tyler Outdoor School permission to inquire into my references, driving record, police records, and employment and/or volunteer history. I further give permission to the holder of any such information or records to release the same to The Camp Tyler Outdoor School.

I do hereby hold The Camp Tyler Outdoor School harmless from any liability, whether civil or criminal, that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business, or corporation that provides information or documents to the above -named CTOS. I understand that The Camp Tyler Outdoor School will use this information as part of its verification of my volunteer application and periodically for evaluation purposes.

I certify that the information given herein is true and correct to the best of my knowledge and belief. I understand that providing false information on this application may be grounds for denying my application or for terminating my services as a volunteer.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent/Guardian Signature (if under 18 years of age):

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_