



Volunteer Information Form

ALL volunteers must have a copy of this form and the Insurance form on file *PRIOR* to volunteering
(updated annually)

Date: _____

Name: _____ Soc. Sec. # (optional): _____

Date of Birth: ____ / ____ / ____ Telephone #: _____

Address: _____

Emergency Contact

Name: _____ Relationship to Volunteer: _____

Home #: _____ Cell #: _____

Doctor's Name: _____ Office #: _____

Insurance Company: _____ Policy #: _____

If Under 18

Father/Guardian's Name: _____ Home #: _____ Cell: _____

Mother/Guardian's Name: _____ Home #: _____ Cell: _____

Any information you would like Camp Chippewa to know to ensure a safe volunteer experience: _____

FOR OFFICE USE:

EVENT	LODGING/MEALS	DONATION