

**Girls Rock NC
North Carolina Rock and Roll Camp for Girls
Volunteer Application**

Name of volunteer: _____

Home address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip: _____

Home phone: _____-_____-_____- Cell phone: _____-_____-_____-

Work phone: _____-_____-_____- ext.: _____

Email: _____

Emergency Contacts

First Contact's Name: _____ Relationship: _____

Home phone: _____-_____-_____- Work/cell phone: _____-_____-_____-

Second Contact's Name: _____ Relationship: _____

Home phone: _____-_____-_____- Work/cell phone: _____-_____-_____-

*****Because our work involves minors, prior to working directly with campers, volunteers will be screened through a criminal background check process.**

*****If you have already had this done for previous work with minors, we will require that you provide us with proof to file for our records.**

If you would like more information about the process, please contact us.

Please initial here to indicate that you consent to your name being screened: _____

Your name: _____

MEDICAL ISSUES

Do you have any medical conditions, allergies, or disabilities that we should know about? If so, please indicate here. All medical information will be kept confidential, and only be shared with medical professionals, in the event of an emergency, or with other staff only as necessary. If possible, please include any medications you are taking.

FOOD PREFERENCES

Check here if you are: Vegetarian Vegan Other: _____

FIRST AID/CPR

Check here if you have certification in: Standard First Aid CPR

LANGUAGE ABILITIES

If you are comfortable speaking any languages other than English, and would be willing to provide translation help to campers, please indicate what language (s) you speak and your level:

Please check below if you have skills in any of the following areas and would be willing to donate your time during the camp session and/or during the year:

Bookkeeping/Quickbooks Grantwriting Video/Photography

Web/Graphic Design Instrument Repair Instrument Hauling

Event Tabling/Flyering Crafty Stuff Camp Workshop Dev.

Date of birth:

(mm/dd/yyyy): ____/____/_____

Your name: _____

PREVIOUS VOLUNTEER EXPERIENCE

____ Check here if you have never volunteered before.

Have you ever volunteered before? If so, where?

AVAILABILITY

Check if you prefer to volunteer for camp in:

____ Chapel Hill (Woods Charter School)

____ Durham (Infuzion)

____ Raleigh (Community Music School)