

Wellness G.I.F.T.S.
“Giving Inspiration For The Soul”
Host: Hickory Hill Campground
7531 County Route 13, Bath NY 14810
607-776-3737
Volunteer Application

Do not write in box: FOR STAFF ONLY
June: FRI _____ SAT _____ SUN _____
July: FRI _____ SAT _____ SUN _____
Aug: FRI _____ SAT _____ SUN _____
Sept: FRI _____ SAT _____ SUN _____
References _____
Approved _____

Name (please print) _____

E-mail _____ Cell Phone _____

Address _____ City _____ Zip _____

Are you 18 years or older? Yes No (circle one)

Driver's License# _____

Occupation/Student _____ Work Phone _____

Previous Work/Volunteer experience with Children with Special Needs _____

Do you have any special skills, or speak a foreign language? _____

Have you ever been convicted of any crime other than a traffic violation? If so, explain

Please provide us with a name and phone number of two references:

Name _____ Phone _____

Name _____ Phone _____

Please tell us why you want to volunteer for GIFTS (please use the back of this sheet)

Confidentiality/Volunteer Agreement

I understand that anything regarding name, condition, behavior, diagnosis and/or program history may NOT be discussed outside of Wellness GIFTS retreats to protect the confidentiality of the families we serve.

I further understand that I will be expected to participate as a volunteer, and will comply to all established policies of Wellness GIFTS.

I affirm that I am currently in good health and know of no medical condition that will jeopardize the health of the families we serve, volunteers, or staff.

Signature of volunteer _____ Date _____