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## **NEW VOLUNTEER APPLICATION**

## **VOLUNTEER CONTACT INFORMATION**

Name of volunteer:		
How would you like your name to appear o	n your volunte	eer badge?
Home phone (with area code):		
Cell phone (with area code):		
Work phone (with area code):		Ext:
Email:	_ Birth date: _	
Home address:		
City:	State:	Zip:
Mailing Address (if different from above): _		
City:	State:	Zip:
EMERGENCY CONTACTS:		
Contact Name 1:		Relationship:
Home Phone (with area code):		
Cell Phone (with area code):		
Work Phone (with area code):		
Contact Name 2:		
Home Phone (with area code):		
Cell Phone (with area code):		
Work Phone (with area code):		

T-SHIRT SIZE (We need t-shirt sizes in order to pre-order camp shirts for volunteers!)

Adult S Adult M Adult L Adult XL Adult XXL Youth M Youth S

CAMP DATES Which camp dates are you volunteering for? July 10-14, 2017 (ages 8-11) July 17-21, 2017 (ages 12-16) Both
CAMP TIMES  Our camp runs from 9:00a-4:00p, with volunteers needed from 8:30a-4:30 or 5:00p. Because of our showcase on Friday, full time volunteers normally stay to help campers eat, get set up for showcase, and be present during showcase to take tickets/donations, sell merch, etc. This can last as late as 8 or 8:30p. Band managers are required to be at showcase and we strongly suggest the same for band assistants.
Will you be available <b>all day showcase partial day (please verify times)</b>
TRANSPORTATION  Last year we were able to provide transportation from the YMCA on Kirk to Community School. This bus ran to and from camp. Volunteers who offer to ride the bus leave their car parked at the YMCA, and have no vehicle access while at camp. Would you this be something you could volunteer to do if we were able to offer this to campers again?
FOOD PREFERENCES  Circle one: Omnivore Vegetarian Vegan Gluten-Free  Other:
Food allergies:
TRANSPORTATION  Will you need assistance with transportation to and from camp? (Further details will be discussed if needed) Circle one please.  YES  NO
FIRST AID / CPR Circle if you have certification in: Standard First Aid CPR
MEDICAL INFORMATION  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 shared only in the case of an emergency, or with other staff if necessary. If possible, please include any medications you are taking.

## ADDITIONAL OPTIONAL INFORMATION

Creating a team of volunteers that reflects and includes the diversity of the Roanoke Valley and Southwest Virginia is important to us. Providing any or all of the following information will aid us in creating a diverse and inclusive camp environment. All information will be kept confidential.

## RACIAL/ETHNIC IDENTITY (check as many as you wish)

(Note: Girls Rock Roanoke does not discriminate based on race, ethnicity, abilities, gender expression, sexual identity, creed, religion, or national origin.)

Ple one we Lac	e position or multiple positions. If you ind	p week)
	Teen Mentor Instrument Teacher (stipend of \$100 Workshop Leader Performer Food & Drink Team Administrative Tasks Camp Zine Team Videographer Website development Final Showcase Team Fundraising Marketing Gear Coordinator / Roadie Boys Rock for Girls Rock Floater / Errands Other (please specify)	
	ease help us to get to know you by ans How did you hear about Girls Rock! Roa coffee shop, media, etc	swering the following questions: anoke/ Please be specific, i.e., name of friend, website,
	Why do you want to volunteer at Girls R What specific skills and experiences do positions you indicated interest in on the	you have that will make you a good candidate for the

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

4. Can you commit to attending a mandatory volunteer orientation session?  Band Manager, Band Assistant, Instructor meeting on Monday June 19, from 6-9pm  Meeting will be at Community High School on Thursday June 22, from 6-9pm  You will be notified by May 1st if you will be a manager, assistant or instructor.				
5. What experience, if any, have you had working with youth?				
6. What experience, if any, have you had working with LGBTQI and gender non-conforming folks?				
7. Do you prefer to lead activities alone or with a partner?				
8. Are there any technical or other special talents and skills you can bring to the camp (not just music related! Anything!)? Are there subjects or activities outside of those listed in the application and schedule that you would be interested in bringing to camp?				
Is there anything else you want to let us know about you?				
NEXT STEPS:  1) Print and fill out the Application Form 2) Print and fill out the Background & Criminal Check Form, & have it notarized https://www.med-ed.virginia.edu/handbook/pdf/HISTORY.PDF  3) Mail or email your application. Mail the Background/Criminal Check form and \$16 check to:				
Girls Rock Roanoke, PO Box 4242, Roanoke, VA 24015				

girlsrockroanoke@gmail.com

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

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