

**Camp Fire USA Long Beach Area Council**  
7070 E. Carson Street, Long Beach, CA 90808  
(562) 421-2725, Fax (562) 421-4056  
campfirelb@earthlink.net

## Volunteer Application

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City Zip

PHONE: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

I.D. or DRIVER'S LICENSE NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

Would you be willing to be fingerprinted? Yes  No

How did you hear about our organization? \_\_\_\_\_  
\_\_\_\_\_

Amount of time available for volunteering: \_\_\_\_\_

Special seasons/times of year available: \_\_\_\_\_

Usually available to volunteer on these days: \_\_\_\_\_ Mornings \_\_\_\_\_ Afternoons  
\_\_\_\_\_ Evenings \_\_\_\_\_ Weekends

Please indicate hobbies, interests, skills that can be shared with Camp Fire: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like to help Camp Fire in the following ways: \_\_\_\_\_  
\_\_\_\_\_

<b>Please list any volunteer, education and/or employment related experiences.</b>				
<b>Year</b>	<b>Agency Name</b>	<b>City</b>	<b>Title</b>	<b>Description</b>

<b>REFERENCES: Volunteer, Employment, Professional, Academic, Personal</b>			
<b>NAME</b>	<b>RELATIONSHIP</b>	<b>ADDRESS</b>	<b>DAY TIME PHONE</b>

Person to contact in case of an emergency : Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

The above information is accurate and correct to the best of my knowledge.

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