Timbertop Camp Volunteer Application

Fully complete and return this Application and return to: info@timbertopcamp.org or by mail to: Timbertop Camp, P.O. Box 423, Plover, WI 54467 (715) 869-6262



Thank you for choosing to volunteer your time, skills and talents for Timbertop Camp, Inc. Volunteers are vital to us. You will find questions on this form about your background, former residences, places of employment, and so on. We hope you will understand that unfortunately there are people who apply for volunteer for the wrong reasons. Timbertop Camp makes an active effort to prevent abuse. So even though we may know you well, we reserve the right to conduct appropriate background and reference checks on all volunteers based on position and duties. It's just one of the many ways that we help protect children.

Please Print Clearly	Date of Application:		
Full Name	Birth Date	Age 🗆 M 🖵 F	
Address			
Contact Phone #	Email		
<u>List Two Previous Addresses:</u>			
Address	Dates of Residence:		
Address			
Is additional information regarding a challenger	nge in your name identification required to	check your work,	
education, or other background?	s 🛘 No If yes, What Name?	· · · · · · · · · · · · · · · · · · ·	
Have you ever pled guilty to or been con	victed of a crime excluding minor traffic vi	olations? ☐ Yes ☐ No	
If yes, give dates and circumstances:			
you well enough to provide us with a refe		•	
Name:			
Company/School:			
Address			
Name:Company/School:			
Address			
Name:	-		
Company/School:			
Address		ve you known them?	
Employment/Volunteer History	<u>Y</u>		
Please list your last three employers/orga	anizations starting with the most recent.		
Organization:		Dates:	
Address:			
Supervisor:		tion:	
Contact Email:			
Briefly describe your duties:			

Organization:	Dates:
Address:	
Supervisor:	
Contact Email:	
Briefly describe your duties:	
Organization:	Dates:
Address:	
	Their Position:
Contact Email:	
Briefly describe your duties:	
Education, Special Training and Skills:	
Organization:	Dates:
Course of Study/Major:	
Other Training and Skills:	
nothing that would, if disclosed, affect this application unfavomission of facts would exclude my being considered for votermination. I hereby proclaim that I have never been convirelated charge. I understand that Timbertop Camp is requir	ed to report to the proper authorities any suspected sexual or unds for immediate termination of the volunteer activity and
Signature:	Date:

If you have any questions about this or any part of our application process, please contact us at: info@timbertopcamp.org or (715) 869-6262.