



Birchwood Camp

PO Box 670049 · Chugiak, AK 99567-0049 · Phone/Fax (907) 688-2734 · www.birchwoodcamp.org

Individual Volunteer In Mission Application

Please fill out the Camp Health Form and the Voluntary Disclosure Form located at <http://www.birchwoodcamp.org/volunteer.htm> and include in your submittal. Mail, fax, or e-mail to info@birchwoodcamp.org

Name _____ Email _____
Address _____ City, State, Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Emergency Contact _____ Home Phone _____
Work Phone(s) _____ Cell/Beeper _____
Please circle one: Male Female

Church Name _____ Camp Session: August 1-6, 2009
Ethnic Background (Please Circle): Anglo African-American Asian Hispanic
Native American Pacific Islander Other _____

Present Employer _____ Since ___/___/___
Present Employer Address _____

References: *Three persons not related to you who have knowledge of your character & experience*
Name Phone Address

1. _____
2. _____
3. _____

Pastoral Recommendation (Optional)
I have known the applicant for _____ years and can attest to his/her suitability as a volunteer member at Birchwood Camp. Pastor's Name and Signature _____

Experience Build/Work Skills

JOB	Helper	Competent	Professional
Construction			
Maintenance/Repair			
Carpentry			
Electrical			
Plumbing			
Painting			
Roofing			
Drywall			
Chain Saw			
Log Splitter			
Masonry/Concrete			
Basic Outdoor			
Gardening			
Kitchen Help			
Other			

