



---

**C.A.M.P. (Child – Adult Mentoring Program) Volunteer Application**

---

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

List previous address if you have lived at current address less than two years:

\_\_\_\_\_

How long have you lived in New Hanover County? \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Hours: \_\_\_\_\_ May we contact you at work? \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth: \_\_\_\_\_

NCDL: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Family Status: Single \_\_\_\_\_ Married \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Education (Indicate schools, majors, degrees):

\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in volunteering:

\_\_\_\_\_  
\_\_\_\_\_

Please list any experience working with young people (include dates):

---

---

What are your hobbies, skills, special talents, interests?

---

---

Please list clubs, professional organizations, church or temple affiliations (include offices held and year):

---

---

Tell us about the type of match you would prefer (include gender, hobbies, age, etc.)

---

---

---

Do you take any illegal drugs? \_\_\_\_\_

Do you have any history of excessive use of any drugs? \_\_\_\_\_

Have you ever been in treatment (i.e. abuse, alcohol, drugs, emotional problems, etc.)? If so, when and what were the results?

---

---

Have you ever been charged or convicted of a misdemeanor or felony, including traffic offenses? \_\_\_\_\_

If yes, state offense and date of conviction:

---

---

### Volunteer References

List four references who have known you for at least **one year**. One must be your employer, if applicable. References can not be relatives. Please include complete mailing addresses and a fax number or email addresses, as letters will be sent to all references.

Please email the completed application to: [ahill@brigadebgc.org](mailto:ahill@brigadebgc.org)

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Organization: \_\_\_\_\_ Fax Number: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Organization: \_\_\_\_\_ Fax Number: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Organization: \_\_\_\_\_ Fax Number: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Organization: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I certify that all information on this application is true. I understand that any false statements or information withheld will disqualify me from serving as a volunteer. I give my permission to the Brigade Boys & Girls Club- C.A.M.P. Program to contact the references I have listed. I also understand that there will be a criminal background check done to protect program participants.

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