

Erin Eickmeier  
FOUNDATION



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## Camp Circle Star Volunteer Application

### PERSONAL DATA

Name (last, first, middle) \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Gender    M    F

All applicants over the age of 18 must submit their Social Security Number for a background check.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Referred By: \_\_\_\_\_

In case of emergency, please contact \_\_\_\_\_

Phone \_\_\_\_\_

### EDUCATION RECORD

High School \_\_\_\_\_

Dates Attended \_\_\_\_\_

Degrees/Diplomas \_\_\_\_\_

College/University \_\_\_\_\_

Dates Attended \_\_\_\_\_

Degrees/Diplomas \_\_\_\_\_

**VOLUNTEER DATA**

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Have you worked with people with disabilities before?      Yes      No  
If yes, please describe \_\_\_\_\_

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T-Shirt Size    S                      M                      L                      XL                      XXL

Do you have a history of drug or alcohol abuse?      Yes      No

Have you knowledge of any condition (back, knees, other) which would prevent you from lifting/carrying 40 lbs.?

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Have you ever been charged or convicted of physical or sexual abuse or neglect?      Yes      No

Do you have any physical or mental disability that may limit your performance in the volunteer position you are applying for? If so, what can be done to accommodate your limitations?

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I am interested in volunteering the following dates (check all you are interested in):

\_\_\_\_\_ Saturday, 11/12/16                      \_\_\_\_\_ Saturday, 5/20/17

\_\_\_\_\_ Saturday, 3/11/17                      \_\_\_\_\_ Saturday, 6/10/17

Weeks of :

\_\_\_\_\_ June 19-23, 2017                      \_\_\_\_\_ June 26-30, 2017

\_\_\_\_\_ July 10-14, 2017                      \_\_\_\_\_ July 17-21, 2017

\_\_\_\_\_ July 24-28, 2017                      \_\_\_\_\_ July 31-Aug 4, 2017

Transportation to/from St. Louis Area provided these dates.

I hereby certify that the answers given by me to the foregoing questions and statements are true and correct, without reservations of any kind whatsoever, and that no attempt has been made by me to conceal pertinent information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Please complete and return to the mailing address or email address at the top of the first page. You may also take a photo of each page and text to 314-402-4032.