

CAMP EVERYTOWN

What is the program?

Camp Everytown is an intensive youth leadership development program based on core values: respect, acceptance, and responsibility that promote nonviolent campus communities. The nationally recognized program focuses students' attention and promotes learning by taking them out of their

Volunteer Application

Please complete each section fully and accurately.
Please print clearly or type, and remember to sign the application in the space provided at the end of the form.
Silicon Valley FACES does not discriminate on the basis of race, sex, color, disability, national origin, ancestry, religion, creed, age, marital status, sexual orientation, veteran status, or any other basis prohibited by law.

Personal Information

Name	
Street Address	
City, State, ZIP Code	
Phone	
Alternate Phone	
E-Mail Address	
Do you speak a language other than English? ____ Yes ____ No If so, please specify:	
Are you over 18 years of age: ____ Yes ____ No	

Availability

Which days and hours are you available to volunteer?

Interests

Which program(s) are interested in volunteering for? (Check ALL that apply.)

Office Administration Common Ground Camp Everytown
 Building Connections Victim Witness Assistance Other, please specify

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Related Work Experience (volunteer or paid)

1. Name of Organization: : _____
Dates of Involvement: _____ to _____ Job title: _____
Description of duties:
2. Name of Organization: : _____
Dates of Involvement: _____ to _____ Job title: _____
Description of duties:
3. Name of Organization: : _____
Dates of Involvement: _____ to _____ Job title: _____
Description of duties:

High School/GED	School: Graduation/Certification Date:	
College	School: Degree:	Major: Graduation Date:
	School: Degree:	Major: Graduation Date:
Trade School/Other	School: Degree/Certification:	Completion Date:
Contact in Case of Emergency		

Name	Phone
Name	Phone

Certification and Signature

I certify that the information provided in this application is true and complete. I authorize Silicon Valley FACES (SV FACES) to investigate in this application and to secure any necessary information from all employers, references, academic institutions, and other organizations. I also agree to execute any additional written authorizations necessary for SV FACES obtain access to and copies of records