

Camp Victor Volunteer Intake Form

(Minors)

For office use: Date: / / Completed by: _____

Group ID # _____ Volunteer ID # _____

Group Name/City _____

Volunteer Name: _____

First

Initial

Last

Address:

Home Phone : (____) _____ City _____ State _____ Zip _____
Work : (____) _____ Cell : (____) _____

Email _____ @ _____

Sex: Male Female Birthday ____/____/____ Check if youth release signed: _____

Arrival date ____/____/____ Departure date ____/____/____

Emergency contact information:

Name: _____ phone : (____) _____

cell : (____) _____

Date of last tetanus shot ____/____/____

Miscellaneous Information:

I am part of a Church group

If yes, denomination _____ Congregation/city _____

INDIVIDUAL VOLUNTEER SKILL SHEET

NAME: _____ GROUP _____

Skill Level Ratings

0 = I am unable to do or am not interested in this skill

1 = I don't know how but am willing to learn/try

2 = I have done it before but still need help to do

3 = I can do a good job by myself

4 = I can do a good job and can guide/teach others

Skill Level Skill

_____ Architect

_____ Carpenter

_____ Clean up worker

_____ Concrete

_____ Construction Layout

_____ Contractor....I hold a license in the state of _____

_____ Drywall Hanger

_____ Drywall Finisher

_____ Egress Window

_____ Electrician.... I hold a license in the state of _____

_____ Engineer (kind) _____

_____ Flooring - Carpet

_____ Flooring – Underlay

_____ Flooring – Vinyl

_____ Framing

_____ Heating/cooling

_____ Heavy equipment operator _____ CDL= yes no

_____ Insulation

_____ Mason

_____ Painter

_____ Plumber....I hold a license in the state of _____

_____ Roofer

Other Skills/Comments:
