



2010-CLF Volunteer Surf Camp Counselor Application!



Please Fill Out the following Personal Information, then e-mail back to: info@childrenslifesaving.org, or FAX to: 310-451-7818! :

Today's Date: _____

Gender: ___M___F

Name: _____

E-Mail: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell: _____

Have you surfed before? _____

Level of comfort in ocean: ___ Love it! ___ Like it! ___ It's OK! ___ Scary sort of! ___ Would rather watch kids on the shore!

Languages (Conversational) _____

Emergency

contacts: _____ Phone: _____

Education (Check if completed)

___ High School ___ College ___ Graduate School

Other (Please Explain): _____

Employment Information: (If Applicable) :

Current Employer: _____

Address: _____

City: _____ Zip: _____

Position: _____ Years: _____

May we contact your Supervisor? _____ Yes _____ No

Name: _____ Position: _____

Phone # of Supervisor: _____

References:

Name #1: _____ Relationship _____

Phone: _____ E-Mail: _____

Name #2: _____ Relationship _____

Phone: _____ E-Mail: _____

Schedule: These days Work Best for me:

Fridays: _____ All Day! 9 am to 4 pm _____ Mornings: 9 am to 12 pm _____ Afternoons: 12 pm to 3 pm

Saturdays: _____ All Day! 9 am to 4 pm _____ Mornings: 9 am to 12 pm _____ Afternoons: 12 pm to 3 pm

Background Security Information:

To safeguard the children we serve, The Children's Lifesaving Foundation screens all volunteer applicants. All information is confidential and will NOT be shared.

Have you ever been arrested? _____ Yes _____ No

(If Yes) Please explain:

Do you have any outstanding warrants? _____ Yes _____ No

Have you ever committed any criminal offenses against a minor?

_____ Yes _____ No

(If Yes) to any of the above, please explain:

Driver's License #: _____

Date of Birth _____

The Answers I provided are True and complete and I agree to the Above:

Signature: X _____

[☺ Thank you for your interest in Volunteering with the CLF! ☺](#)