

For office use:
Date Received _____
App./Refs comp. _____
Approved _____
Counselor/Program _____
Kitchen/ Maintenance _____

Return to:
The Fowler Center
2315 Harmon Lake Rd
Mayville, MI 48744
Phone (989) 673-2050
Fax (989) 673-6355

THE FOWLER CENTER FOR OUTDOOR LEARNING VOLUNTEER APPLICATION

Name _____ SS# _____

Present address _____

City _____ State _____ Zip _____

Phone () _____ until _____

Permanent address _____

City _____ State _____ Zip _____

Phone () _____ until _____

E-mail _____

Have you ever been convicted of a crime? _____ If yes, explain _____

EDUCATION

High School _____ Graduation Date _____

College _____ Graduation Date _____

Major _____ Minor _____ Degree _____

EMPLOYMENT

1) Employer _____ Dates _____

Address _____

City _____ State _____ Zip _____

Type of work/position held _____

2) Employer _____ Dates _____

Address _____

City _____ State _____ Zip _____

Type of work/position held _____

PREVIOUS VOLUNTEER EXPERIENCE

1) Employer _____ Dates _____

Type of work/position held _____

2) Employer _____ Dates _____

Type of work/position held _____

OTHER EXPERIENCE WITH PEOPLE

(Children, youth groups, younger siblings, etc.)

1) Where _____ Dates _____
Type of experience _____

1) Where _____ Dates _____
Type of experience _____

SKILLS/INTEREST

In the following list, put a number 1 next to those items in which you are skilled and have an ability to teach, put a number 2 next to those with which you have had some experience, and a number 3 next to those in which you may have no skill, but do have an interest. Leave the others blank.

Arts/Crafts

___ basketry
___ ceramics
___ jewelry
___ leather
___ macrame
___ nature crafts
___ painting
___ photography
___ sculpture
___ sketching
___ weaving
___ wood carving

Outdoor/Skills Adventure

___ backpacking
___ outdoor cooking
___ challenge course
___ hiking
___ orienteering

Sports

___ archery
___ baseball
___ fishing
___ group games
___ New games
___ Soccer
___ track/field
___ volleyball
___ basketball
___ other _____

Creative Expression

___ leading songs
___ dancing
___ drama
___ piano
___ other _____

Waterfront

___ aquatic games
___ rowing
___ swimming
___ canoeing

Technical

___ landscaping
___ foodservice
___ mechanics
___ clerical

Miscellaneous

___ campfires
___ programs
___ Native American lore
___ other ___ worship

LICENSES / CERTIFICATIONS

Check the licenses or certificates which you hold:

___ American Red Cross Water Safety Instructor Expires _____
___ American Red Cross Lifeguarding Expires _____
___ American Red Cross First Aid Expires _____
___ Cardiopulmonary Resuscitation (CPR) Expires _____
___ Other _____ Expires _____

Do you have any physical/mental condition that would prevent you from actively participating in camp life?

AREA OF CAMP IN WHICH YOU WOULD LIKE TO VOLUNTEER

Put a 1 next to your first choice, and 2 beside the second.

___ Counseling ___ Clerical (office) ___ Food service (kitchen) ___ Maintenance

PERSONAL PROFILE

Please answer the following questions honestly and thoughtfully. Please attach additional pages if necessary.

1. What personal qualities, skills, and/or interests do you have that would help to make camp a positive experience for the campers?
2. What do you hope to get out of the experience of volunteering at **THE FOWLER CENTER**?
3. Do you have any experience working with people with special needs? Please explain. If not, please share your reasons for wanting to do so.
4. Do you participate in any clubs or service organizations?
5. List an accomplishment from your personal and/or professional life in which you are most proud.
6. What are some of your hobbies and interests?

REFERENCES

Please do not include relatives. Use employers, teachers, neighbors, etc.

1. Name _____
Address _____
City _____ State _____ Zip _____
Phone () _____ How Known: _____
2. Name _____
Address _____
City _____ State _____ Zip _____
Phone () _____ How Known: _____

I certify that the information I have given on this application is complete and correct.

Signed _____ Date _____

Return to:

Volunteer Coordinator
The Fowler Center
2315 Harmon Lake Road
Mayville, MI 48744
Phone # (989) 673-2050

NATIONAL BACKGROUND INVESTIGATIONS, INC.
P.O. Box 966, Stevensville, MD 21666
Telephone No: 410-604-6200 / Facsimile No: 410-604-2496
Fowler Center for Outdoor Learning
APPLICANT RELEASE AND AUTHORIZATION FORM

I hereby authorize **FOWLER CENTER FOR OUTDOOR LEARNING** or authorized representative bearing this release to obtain and release any information pertaining to my background, including any of the services noted below, for volunteer or employment purposes. I hereby fully release and discharge my prospective employer or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes. PLEASE PROVIDE 7 YEARS OF RESIDENTIAL HISTORY. ADDITIONAL YEARS SEARCHED BY CLIENT'S REQUEST.

Name: _____ Alias/Other: _____
(First, Middle, Last - Print Clearly)

Date of Birth: _____ Social Sec.# _____

Driver's Lic. No.: _____ State _____

(1) Current Addr: _____ City/State/Zip: _____

County: _____ Dates/From: _____ To: _____

(2) Previous Addr: _____ City/State/Zip: _____

County: _____ Dates/From: _____ To: _____

(3) Previous Addr: _____ City/State/Zip: _____

County: _____ Dates/From: _____ To: _____

Applicant Signature _____ Witness _____ Date: _____

IMPORTANT: FOWLER CENTER, Inc. USE ONLY –

Mark an "X" for any of the following:

Would you like NBI to also check Alias/Other name given? : Yes _____ No _____
(Be advised there is an additional charge per alias name)

CRIMINAL HISTORY RECORD SEARCH:

(1) Current Address _____ (2) Previous Address _____ (3) Previous Address _____

Social Sec Number Trace _____ Federal Criminal _____ MVR-Driving Record _____

Sex Offender Registry: List States: _____

Maryland (Statewide) _____ MD Traffic Court _____ MD Wants/Warrants _____ Md Reg/Tag _____

Statewide Criminal Search: Alabama _____ Colorado _____ Delaware _____ Florida _____ Georgia _____ Kentucky _____

New Jersey _____ New York _____ North Carolina _____ Pennsylvania _____ South Carolina _____ Wisconsin _____

Verification (Specify Number of Items): Education _____ Prof. License _____ Employment _____

Federal Civil _____ Civil Judgment: Upper Court _____ Lower Court _____ Worker's Comp _____

Other: _____