



**Deer Valley Meadows
Christian Conference, Camp & Retreat Centre**

P.O. Box 690, Alix, AB T0C 0B0
Ph. (403)747-2100 Fax: (403) 747-2101
dvmcamp@explornet.com

VOLUNTEER APPLICATION FORM

General Information

Last Name:	First Name:	Sex: M()F()	Birthday: ___/___/___ D M Y
Address:	City:	Postal Code:	Province:
Home Phone#: ()	Email:	SIN:	

Emergency/Medical Information

Emergency Contact:	Relationship to Applicant:	
Contact Daytime/Work #: ()	Contact Evening/Home #: ()	
Alternate Contact:	Daytime/Work #: ()	Evening/Home #: ()
Health Care Number:	Family Doctor:	Phone: ()
Please list any medical conditions or allergies:		

Volunteer Information

Dates which you would be available to volunteer are:
Please tell us why you wish to donate your time to serve at Deer Valley Meadows Camp or any skills you have to share: _____ _____

Prioritize the work list from 1 to 11. One is being what you would most like to do and eleven what you least like to do.

- | | | |
|--|--|--|
| <input type="checkbox"/> Wash dishes | <input type="checkbox"/> Cut up vegetables | <input type="checkbox"/> Vacuum |
| <input type="checkbox"/> Clean washrooms | <input type="checkbox"/> Wash windows | <input type="checkbox"/> Cut & haul firewood |
| <input type="checkbox"/> Mow lawn | <input type="checkbox"/> Weed garden | <input type="checkbox"/> Sweep floors |
| <input type="checkbox"/> Mop floors | <input type="checkbox"/> Clean dining area | |

These are just some of the tasks involved in everyday camp life. Your prioritizing is NOT a guarantee of what you will or will not be doing, but will help us to fit you in a job that will hopefully be most suited to you.

This is a Christian camp and therefore our aim is to minister as well as provide a service to campers. **Can you** maintain a Christian witness in word and action; refraining from smoking, drinking alcoholic beverages, and use of illegal drugs.

If `No, explain: _____

Deer Valley Meadows Camp would like to thank you for your interest in volunteering. If you are accepted, your meals and lodging are provided during your time here. In return we would ask you to observe camp rules and follow the directions of your appointed supervisor.

By signing this application you are stating that the above information is correct and that you will supply the required police check before volunteering.

Signature: _____ Date: _____

Parental Permission (if under 18 years of age): _____

Please mail or fax the completed application to the above address.