

PERSONAL REFERENCES:

PLEASE PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF THREE PERSONS (NOT RELATED) WHO HAVE KNOWLEDGE OF YOUR CHARACTER, EXPERIENCE AND ABILITY.

NAME MAILING ADDRESS PHONE

NAME MAILING ADDRESS PHONE

NAME MAILING ADDRESS PHONE

PERSONAL BACKGROUND HISTORY (Use separate sheet if necessary):

LIST THE PREVIOUS RESIDENCE(S) FOR THE LAST 5 YEARS:

CITY STATE YEARS

CITY STATE YEARS

HAVE THERE BEEN ANY SIGNIFICANT EVENTS IN YOUR PERSONAL OR PROFESSIONAL LIFE THAT WOULD AFFECT YOUR PARTICIPATION IN OUR MENTORSHIP PROGRAM? Y / N
If yes, please explain: (Use separate sheet if necessary)

HAVE YOU EVER BEEN CONVICTED, FINED, PLACED ON PROBATION OR IMPRISONED? Y / N
If yes, please explain: (Use separate sheet if necessary)

HAVE YOU EVER BEEN ACCUSED OF, ARRESTED FOR, CONVICTED OF OR IN ANY OTHER WAY BEEN INVOLVED IN AN ALLEGATION OF A CRIME INVOLVING A CHILD? Y / N
If yes, please explain: (Use separate sheet if necessary)

HAVE YOU EVER BEEN FOUND LIABLE FOR CIVIL PENALTIES OR DAMAGES INVOLVING SEXUAL OR PHYSICAL ABUSE OF A CHILD OR CHILDREN? Y / N
If yes, please explain: (Use separate sheet if necessary)

ARE YOU NOW OR HAVE YOU EVER BEEN SUBJECT TO ANY COURT ORDER INVOLVING THE SEXUAL OR PHYSICAL ABUSE OF A MINOR, INCLUDING, BUT NOT LIMITED TO, A DOMESTIC PROTECTION ORDER OR THE TERMINATION OF PARENT(S)/GUARDIAN(S)AL RIGHTS? Y/N
If yes, please explain: (Use separate sheet if necessary)

PLEASE INITIAL: _____

I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all others from liability in connection with the same. I understand that, if employed, I will be an at-will (non-compensated) employee unless there is an agreement or law that alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated camp official. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by the camp.

Signature: _____ Date: _____

PERSONAL HEALTH HISTORY:

HEALTH INSURANCE PROVIDER PRIMARY PHYSICIAN PHONE

DO YOU HAVE ANY MEDICAL CONDITIONS THAT WOULD HAMPER YOUR ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING FOR, WITH OR WITHOUT REASONABLE ACCOMODATION? Y / N

If yes, please describe: _____

ARE YOU CURRENTLY TAKING ANY MEDICATION AT THIS TIME? Y / N

If yes, please list: _____

EMERGENCY CONTACT INFORMATION: (PLEASE PRINT)

NAME PHONE SECONDARY PHONE

NAME PHONE SECONDARY PHONE

NAME PHONE SECONDARY PHONE

PHOTO / VIDEO / PUBLICITY RELEASE:

WE REQUEST YOUR PERMISSION TO FILM, PHOTOGRAPH OR INTERVIEW YOU TO HELP OUR EFFORTS IN INCREASING PUBLIC AWARENESS AND SUPPORT OF OUR PROGRAMS BY APPEARING IN PHOTOGRAPHS, VIDEO OR OTHER PUBLICITY THAT THE CAMP MY PRODUCE.

___ NO I **DO NOT** WISH TO BE PHOTOGRAPHED, VIDEOTAPED OR INTERVIEWED

___ YES I **DO** AUTHORIZE THE BURN INSTITUTE TO USE PHOTOGRAPHS, VIDEOTAPES AND/OR INTERVIEWS OF ME TO FURTHER THEIR EFFORTS TO PROMOTE PUBLIC AWARENESS AND SUPPORT.

I guarantee all information contained within this entire application is accurate and complete. I understand that by submitting this application, I agree to adhere to the policies and procedures necessary to complete the selection process for a camp volunteer. I also agree to notify the Burn Institute in a timely manner of any and all changes to this information. (Please sign and date)

SIGNATURE: _____ DATE: _____

Please return completed application via mail or fax to the following:

Burn Institute
Attn: Dana Carnduff
8825 Aero Drive, Suite 200
San Diego, CA 92123
858-541-2277 Ext. 14
858-541-7179

dcarnduff@burninstitute.org

Application Deadline: August 01, 2009