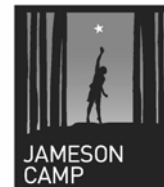


Jameson Camp Volunteer Application



Name: _____ Date of Birth: _____ E-mail: _____

Address (including city, state, zip): _____

Home Phone: _____ Work Phone: _____ Cell: _____

Dates available for Volunteering: From: _____ To: _____

Education:

Dates	School	Major/Minor	Degree

Work Experience:

Dates	Employer	Address/Phone	Position	Supervisor

Volunteer Experience:

Dates	Organization	Address/Phone	Position	Supervisor

Have you ever volunteered or been employed by Jameson Camp? YES NO

If yes, in what years? _____

Indicate any employer or supervisor you do not wish us to contact and the reason: _____

References: (give names of 3 person {not relatives} having knowledge of your character, experience, and ability)

Name	Address	Phone

Certification: (list all that might apply, including expiration date(s)) _____

Areas of interest for volunteer work: _____

All applications for volunteer placements will be considered without regard to religion, race, sex, age, national origin, citizenship, disability or marital status.

I certify that my answers to the preceding questions are true and complete and that I have not knowingly withheld any information, which might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application will be cause for rejection of this application or dismissal after employment, regardless of the time of discovery by Jameson, Inc.

I understand that this application and any other Jameson Camp documents are not contracts of employment or volunteer placement. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospect or existing employee or volunteer. I understand and acknowledge that my employment and volunteer placement is at will and that any individual who is hired may voluntarily leave employment and that Jameson Camp has the right to terminate employment or volunteer placement at any time, for any reason, with or without cause, with or without notice.

I also understand that employment or volunteer placement is subject to verification of references, prior employment history and satisfactory completion of a probationary period. By signing this application, I authorize Jameson Camp to make investigation of all statements herein and release Jameson Camp and all others from liability in connection with the same.

I acknowledge that upon volunteer placement I must present the original documents needed to complete a volunteer's personnel file. I understand that my failure to present original documents will result in termination of my volunteer placement.

Application retained for one (1) year. All statements become part of any future employee personnel files.

Signature _____ Date _____

CRIMINAL BACKGROUND CHECK: I give Jameson Inc. permission to run a criminal background check on me and that the resulting report will be a condition of my volunteer position at the camp.

Signature _____ Date _____

TESTING: I understand that Jameson, Inc. may require me to take a test to determine whether I use controlled substances and the receipt of a negative report may be an additional condition of any volunteer position. This test will be done at a facility designated by and at the expense of Jameson, Inc.

I hereby consent to the drug test and agree to follow the necessary procedures to complete such tests to the satisfaction of the drug testing organization.

Signature _____ Date _____

Please return application to:
Jameson Camp * P.O. Box 31156 * 2001 Bridgeport Road * Indianapolis, IN 46231
317-241-2661 * fax: 317-241-2760