

Middle Tennessee Camp Bluebird Volunteer Application

2022 Spring Camp, April 21-24, 2022

* Required

1. First Name *

2. MI

3. Last Name *

4. Gender *

5. Address *

6. City *

7. State *

8. Zip *

9. Primary Phone (example: 615-222-4567) *

10. Alternative Phone (example: 615-222-4567)

11. Email Address *

12. Occupation *

13. Have you, family member or a close friend even been diagnosed with cancer? *

Mark only one oval.

Yes

No

14. Please explain your personal experience with a cancer diagnosis. *

15. Why are you interested in volunteering at Camp Bluebird? *

16. Have you volunteered at Camp Bluebird in the past?

Mark only one oval.

Yes

No

17. I have the following special talents/skills I would like to share with campers:

Check all that apply.

- Arts and Crafts
- Music
- Dance
- Massage
- Haircuts
- Manicure
- Journaling
- Exercise/Fitness

Other: _____

18. If this is your first time volunteering at Camp Bluebird, you must attend a training session on Thursday, April 21.

Mark only one oval.

I agree

19. As a volunteer, you agree to arrive at camp prior to the time campers arrive on Friday morning and be at camp for all three days. If you are unable to attend all three days, you must contact Irene Bradford or Myrna Garrett.

Mark only one oval.

I agree

20. Name

21. Date

Example: January 7, 2019

The undersigned hereby transfers and grants to Ascension Saint Thomas the exclusive right to use and authorizes others to use all or any part of my interview/photograph/video in related media such as books, magazines, journals, pamphlets, electronic, news releases, newsletters, and other written and video formats. The undersigned hereby releases Ascension Saint Thomas and its directors, its members, trustees, officers, employees and agents from any and all claims, demands, causes of action and suites, including, but not limited to, claims for invasion of privacy, defamation, breach of contract, or other breach of duty arising out of or in connection with the use of this interview, photograph or video. This authorization will expire at any time I submit a write request to Irene Bradford.

22. Name *

23. Date *

Example: January 7, 2019

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