



**WINGS! CAMP  
VOLUNTEER APPLICATION  
2022**

Date of Application: \_\_\_ / \_\_\_ / \_\_\_ -

Name \_\_\_\_\_ Drivers License#: \_\_\_\_\_ SS#: \_\_\_\_\_  
(Last, First, MI)

Present Address: \_\_\_\_\_  
(Street, City, State, Zip)

Telephone #'s: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

List those items, which you believe could be helpful to you in volunteering for Wings! Camp, i.e. education, work, lay experience, office skills, mis and crafts.

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Have you participated in any children camps before? If so, please specify: \_\_\_\_\_

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Has someone close to you recently died? If yes, when and what relation? \_\_\_\_\_

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Do you speak any foreign language(s)? \_\_\_\_\_

Do you have health related problems or physical limitations? If yes, please explain: \_\_\_\_\_

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Have you ever been convicted of a crime or felony? If yes, please explain: \_\_\_\_\_

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In case of emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone#: \_\_\_\_\_

**CERTIFICATION**

(Please read before signing)

*I authorize investigation of all statements contained herein and the references supplied to you any and all information concerning my employment and any pertinent information they may have, personal and otherwise, the investigation of any criminal records, and release all parties from liability for any damage that may result from furnishing same to you.*

Date: \_\_\_/\_\_\_/\_\_\_      Signature: \_\_\_\_\_

It is the wish of 3HC to use all volunteers and/or counselors that apply, but this is dependent upon how many children we have at camp.

T-Shirt size:   Small    Medium    Large    X-Large    2X-Large    3X-Large

Please return completed application and 2 references to:

3HC  
Wings! Camp Volunteer Coordinator  
2402 Wayne Memorial Drive  
Goldsboro, NC 27533



## Notice Regarding Background Investigation

*Please read Carefully "before" Signing Acknowledgement*

In conjunction with your application for employment, the company may obtain information about you from Southeastern Background Services LLC, a Consumer Reporting agency (CRA). This, you may be subject to "consumer reports" and "investigative reports" which may include information about your character, general reputation, personal characteristics and mode of living, and which can involve personal interviews with sources such as neighbors, friends, or associates. Reports may also contain public records (including criminal records), eviction records, driving history information, consumer credit, employment and education verification, etc. These reports may be obtained at any time after receipt of your authorization and throughout the term of any employment. You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative report.

Applicant/ Employee:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Email: \_\_\_\_\_

04/17



Acknowledgement and Authorization

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and the SUMMARY Of YOUR RIGHTS UNDER THE FAIR CREDIT AND REPORTING ACT and certify that I have read and understand both. I hereby **authorize the obtaining of "consumer reports" and investigative reports" at any time after receipt of this** authorization and, if I am contacted for employment, throughout the term of my contract. I hereby authorize, **without reservation, any law enforcement agency, administrator, state or federal agency institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all** background information requested by any consumer reporting agency acting on behalf of the company. I certify that the Information provided is true and complete to the best of my knowledge and agree that a facsimile ("fax") or photocopy of this authorization shall be valid as the original.

I agree to receive all communications regarding any consumer report or investigative consumer report as may be required by the Fair Credit Reporting Act or such other state or local laws via email at designated email address if requested.

Oklahoma, Maine, Minnesota and California applicants may obtain this consumer report by checking this line.

Applicant:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Issuance \_\_\_\_\_

Address \_\_\_\_\_

Revised 04/17

**Home Health and Hospice Care, Inc.**

2402 Wayne Memorial Drive, Goldsboro, NC 27534

(800) 260-4442 • (919) 735-1387 • Fax (919) 735-8460 • Referrals: (800) 692-4442 • www.3hc.org • info@3hc.org

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