

Employee and Volunteer Application

Name	Nickname (if desired)		
Address			
City	State	Zip Code	
Home Phone	Cell Phone	_	
Best time to reach you	E-mail Address		
In case of an emergency or	illness please notify:		
Name	Relationship		
Address			
City	State	Zip Code	
Home Phone	Work Phone	Cell Phone	
Please describe any medical	condition/allergies that we need to	be aware of:	
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What do you hope to gain from the Ranch?	n working/volunteering with Candle	light Ranch? What interests you about	

Availability:

on going/year round _summer only _ Monday _ Tuesday _ Wednesday _ Thursday
Friday _ Saturday _ Sunday _ Morning _ Afternoon _ Overnight

Interest(s)/Previous Experience:

Nature hikes Arts and Crafts Sports Low Ropes Elements Challenge Course
Facilitator Day Camps D Overnight Camps D Kayaking/Canoeing D Lifeguarding (must be
certified) 🗆 Music 🗅 Yoga 🗅 Drumming 🕒 Story Telling 🗅 General Camp/Group Support
Equine Programs Other

Transportation:

Do you have your own transportation to and from Candlelight Ranch?

Due to the populations we serve, all Criminal Background check throug Check please fill out the following in	n the agency "Verifyi". For	Ranch will be required to undergo a the Purpose of the Background
Have you ever been the subject of a	n investigation regarding	child abuse?
yesno (If yes, please explain):		
Have you ever been convicted of a d	rime (other than minor tra	ffic violations)?
yesno (If yes, please explai	n):	
I understand that Candlelight Ranch w program. I will provide the necessary i	•	eck prior to my admittance into the
Signature		Date
Full Legal Name (First, Middle, Last)		
Social Security Number:	Race	
Gender Birthday		
Driver's License Number	State Issued	