

# Camp of Hope

Camp of Hope is to help and support someone that has lost a loved one.

**PLEASE PRINT CLEARLY**

Volunteer Name: \_\_\_\_\_

First

Middle

Last

Nickname if preferred: \_\_\_\_\_ Male/ Female (circle one)

Mailing Address: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Date of Birth: (mm/dd/yr) \_\_\_\_\_

Drivers License number and state \_\_\_\_\_

**Signature to authorize background check:** \_\_\_\_\_

Date authorized: \_\_\_\_\_

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In case of an emergency:

Contact person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

How did you hear of Camp of Hope? \_\_\_\_\_

**PLEASE SIGN & RETURN TO:**

Fax: (970) 242-7393 OR

Mail: P.O Box 987

San Angelo, TX 76902

Website: [www.suzygayle.com](http://www.suzygayle.com)