

# Returning Volunteer Application

Thank you for your interest in volunteering with Zephyr Point. The following information will help us make sure you have a good volunteer experience joining the CREW for the Sprucing Up In the Pines Program



## Contact Information

First Name: \_\_\_\_\_ / Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## Special Skills or Qualifications

Please summarize special skills and qualifications you have acquired from employment, ministry, or through other activities that you can contribute to Zephyr Point. (This helps us better match your talents with our needs.)

## Previous Volunteer Experience

Please summarize your previous volunteer experience. How many years have you volunteered with Zephyr Point?

## Interests

Tell us which areas you are interested in volunteering. Please check ALL that apply.

Grounds  Maintenance  Office / Administration

## Health Insurance / Emergency Contact

Do you have health Insurance? (An answer of no will not disqualify you.)

No  Yes If yes, please provide Carrier Name and Policy #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Health Restrictions

Do you have any health restrictions? (Note: This will not disqualify you from volunteering; rather, it allows us to use you in volunteering opportunities that better suit you.)

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I agree to receive email communication with updates about the Zephyr Point and other volunteering opportunities.

I agree to allow Zephyr Point run a background check at their discretion. (This is required of volunteers helping with children / youth programs.)

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

Thank you again for completing this application form and for your interest in volunteering with us.

**Zephyr Point Presbyterian Conference Center**

Attn: Program P.O. Box 289 (660 Hwy. 50) Zephyr Cove, NV 89448 or Email: [kramsay@zephyrpoint.org](mailto:kramsay@zephyrpoint.org)

Ph. 775.588.6759 ext.107 – [www.zephyrpoint.org](http://www.zephyrpoint.org)

