



**CAPE FEAR VALLEY  
KIDS with DIABETES**

**Diabetes Camp Volunteer Application**

Please submit (1) **This Application** (2) **Background Check** to our office at 101 Robeson Street Suite 410 Fayetteville, NC 28301 either in-person or by mail. Or you can submit by fax to 910-321-6254. Call with questions 910-615-1885.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Professional title(s), if applicable: \_\_\_\_\_

Have you volunteered at a diabetes camp before? (circle one)      Y      N

If yes, in what capacity? \_\_\_\_\_

**How would you like to be involved?**

*You may check more than one. We will do our best to assign you to your selected category but please be flexible as we may need your assistance elsewhere!*

( ) Counselor/Co-counselor\*

*\*must commit to staying overnight and attending our brief counselor meeting prior to Diabetes Camp*

( ) Arts and Crafts

( ) Sports & Field Activities

( ) Educational Games

( ) Food Prep/Serving

**Which day(s) are you available to volunteer?**

*If you did not select Counselor/Co-counselor, please select from dates to the right.*

*If you selected Counselor or Co-counselor, please plan to attend every day and overnight. If you cannot attend all days, please state your availability below:*

( ) Thursday, June 20      3pm – 7pm

( ) Friday, June 21      8am – 5pm

( ) Saturday, June 22      8am – 5pm

( ) Sunday, June 23      8am – 12pm

\_\_\_\_\_  
\_\_\_\_\_

**Please list the name and contact information for two references, at least one of which has knowledge of your participation as a volunteer:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**MUST SUBMIT BACKGROUND CHECK and COVID WAIVER FORMS WITH THIS APPLICATION.  
YOUR APPLICATION WILL NOT BE ACCEPTED WITHOUT ALL FORMS!**