



Xeroderma Pigmentosum Society, Inc.

Camp Sundown Volunteer Application

437 Snyderstown Road

Craryville, N.Y. 12521 USA (518) 851 - 3466

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (work) _____ (home) _____

In Case of Emergency contact:

Last Name: _____ First Name: _____

Telephone: _____ (Relationship to you) _____

Occupation or Work Experience: _____

*Employer: _____

Address: _____

*If less than 3 years please attach an additional sheet.

May we contact your employer? _____ Yes _____ No Do you drive? _____ Yes _____ No

Education Completed: _____ High School _____ College _____ Graduate School

Field of study: _____ Hobbies/Interests: _____

How did you find out about the XP Society? _____ Friend _____ Newspaper/Media _____ Other

(please note) _____

I am interested in helping out in one or more of the following areas:

____ Camp Sundown ____ Publicity ____ Other (please explain): _____

____ Crafts ____ Office Work ____ Outdoor/maintenance

____ Cleaning ____ Fund Raising ____ Cooking

Times you are available: _____ Mornings _____ Evenings _____ Nights
_____ Weekdays _____ Weekends _____ When Needed

Personal References:

Name: _____ Address: _____

Phone: _____ Name: _____

Address: _____ Phone: _____ Date: _____

Signature: _____