



BLUEBONNET RETREAT – FALL 2024 CAMP BUDDY APPLICATION

Name: _____

Address: _____
City State Zip

Home #: () _____ Work #: () _____

E-mail Address: _____

Date of Birth: _____ Age: _____ Sex: Male _____ Female _____

What languages do you speak proficiently? _____

Please list some of your Hobbies and/or Interests (very important): _____

Place of Employment: _____ Occupation: _____

Emergency Contact(s):

Name: _____ Phone #: () _____ Relation: _____

Name: _____ Phone #: () _____ Relation: _____

Physician Name: _____ Physician Phone #: () _____

Hospital Preference: _____

Current Medications: _____ Allergies: _____

How did you hear about volunteering for the Bluebonnet Retreat? _____

Do you know anyone who has volunteered in the past? _____ Who? _____

Personal Reference: _____ Relation: _____

Phone #: () _____ Address: _____
Street Address City

Please share your experience with cancer (optional): _____

I am interested in serving as a Volunteer Camp Buddy because: _____

