



Application to Camp Haven

(Please print clearly & circle yes/no)

First Name _____ Middle Initial _____ Last Name _____

Date of Birth _____ Email Address _____

Your Phone# _____ Emergency Contact Name _____

Emergency Phone# _____ Relationship _____

Are you currently homeless? Y / N Marital Status M / S/ Divorced. #of children _____

Are you an Indian River County Resident? Y / N For how long? _____

Last Address: _____ City _____ State _____

How long were you there? _____ Are you a veteran? Y / N # of years in the service _____

How did you hear about us? _____

Can you work? Y / N Are you currently employed? Y / N How many hours? _____

If not, when did you work last? _____ Type of work you did? _____

Highest Certificate: High School Diploma/GED Some College/ Bachelor's Degree/ Other

Have you ever been incarcerated? Y/ N How many times _____ How long _____

If yes, describe nature of crime(s) _____

Date of Release _____ Where? _____

You are aware you will be drug tested now & later: Y / N

Are you aware Camp Haven Inc. is a Program? Y / N

You are fully committed to participating in our program that provides: education, housing, meals, mandatory meetings, job skills preparation & healthcare referrals, abide by rules & curfews, room inspections, etc. You will have campus chores & you will pay rent regularly when you get a job.

YES NO

Camp Haven Board, Staff & Partners are fully committed in helping you achieve your goals

Applicant Signature: _____

Date: _____