



DEPARTMENT OF THE ARMY

HEADQUARTERS, 101ST AIRBORNE DIVISION (AIR ASSAULT) AND FORT CAMPBELL
FORT CAMPBELL, KENTUCKY 42223-5000

REPLY TO
ATTENTION OF

IMSE-CAM-ACS

15 April 2007

MEMORANDUM FOR 101st Airborne Division and Fort Campbell SOLDIERS

SUBJECT: Camp We Can 2007

1. The Exceptional Family Member Program (EFMP) and Child and Youth Services (CYS) are in the process of planning Camp We Can 2007 for our special needs children and young adults who are enrolled in the EFMP. The camp will be held 16-27 July 2007, at the Dale Wayrynen Recreation Center, Building #6145 Desert Storm Ave. We are asking your support by volunteering as a camp “buddy”, or a friend to a camper. This camp is designed for children and young adults 3-21 years of age, who are physically, mentally and emotionally challenged or who have a learning disability. Camp is conducted Monday – Friday 0900 – 1400, with no weekend commitment.
2. Soldiers from the 101st have a long proud history of volunteering with children that have exceptionalities. This partnership can prove to be enriching, enlightening, and educational. Most importantly, it will be a lot of fun, for you and the child/young adult assigned as your “little buddy”. As a volunteer you will be provided three days of training and internal support during the camp to assist your efforts.
3. MG Schloesser, Division and Post Commander, whole heartily supports Camp We Can and applauds the work and dedication of soldiers and civilians who participate in the program. The entire Command Group expresses gratitude as soldiers give back to the community where they live, work and play.
4. If you are interested in being apart of Camp We Can 2007 as a “Buddy” and can commit to the two-week time frame, please fill out the application and the background release form. Return all forms to your First Sergeant. If additional information is needed, direct all calls and concerns to the undersigned at 270-956-3738.

Sharon G. Fields
Exceptional Family Member Program
Manager

VOLUNTEER SPOTLIGHT

EXCEPTIONAL FAMILY MEMBER PROGRAM Summer Camp Volunteer Application

(Please Print Clearly)

NAME of Volunteer: _____ Rank _____
(Last) (First) (M.)

Home address: _____ Phone: _____

City _____ ST _____ Zip Code _____

Work address (Unit) _____ Phone: _____

First Sergeant: _____ Phone: _____

Commander/CSM/ISGT _____
(Signature required)

Why did you volunteer? _____

Have you ever worked with children who have special needs? Yes: _____ No: _____
Explain: _____

What are your special interest and hobbies?

Discuss your strengths:

Point of Contact for Submission

Name: _____
Title: _____ Phone: _____

Please return this form to the Exceptional Family member Program (EFMP) Office, Army Community Service (ACS), Building #5661 Screaming Eagle Blvd. For more information call 270-956-3738.)

IMSE-CAM-ACS

Date Returned:
IMSE-CAM-ACS

15 April 2007

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Investigative Report

1. Request that a record check be conducted on the following individual:

NAME (print legible)

(First) (Middle) (Last)

(Maiden) _____ SEX _____ RACE _____

CURRENT ADDRESS _____

PREVIOUS ADDRESS _____

SSN _____ STATUS _____ HEIGHT _____ WEIGHT _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

COLOR HAIR _____ COLOR EYES _____

2. The above named applicant has applied for a volunteer position with the Exceptional Family Member Program (EFMP). Please complete the endorsement including as much information as your regulation will allow and return it to EFMP Office, Bldg 5661, ATTN: Sharon Fields.

3. Applicant release of information: I _____ do hereby give any law enforcement agency the right to reveal and release criminal history to the EFMP office of Fort Campbell, KY.

Signature of applicant

Date

