



Summer 2017 Volunteer Staff Application

Must be at least 18 years of age to apply

Application Deadline: March 1, 2017

Please print and complete in full, including required authentic signature on page 4. Completed applications may be submitted to camp office by mail, fax, or email.

Confidentiality: The information received from this application shall be maintained as confidential and shall not be distributed outside the organization, for any purpose other than to complete the application review process.

We appreciate the time and dedication our volunteers give to Camp Debbie Lou, please understand that we reserve the right to schedule and assign each volunteer based on the experience level, skill sets and activity needs of each camp session.

2017 Family Camp Dates: Session One: July 13 – 16, Session Two: July 20 – 23

Indicate which session you would like to volunteer for. You must be available for the entire weekend of the session you choose.

Session One: July 13 – 16 ONLY

I am available for EITHER session.

Session Two: July 20 – 23 ONLY

Volunteer Training:

On-site training is mandatory for all volunteers. For first-time volunteers, we will hold our training sessions the Wednesday before each camp session, Wednesday July 12th and Wednesday July 19th, at Camp Debbie Lou. For returning volunteers, we will hold our training sessions the Thursday morning before each camp session, Thursday July 13th and Thursday July 20th, at Camp Debbie Lou. Individuals with special assignments may be asked to arrive the Wednesday before each camp session.

First-Time and Returning Volunteers are required to complete training material and all other forms by the given deadline. Access to training materials and forms will be given once selection process is complete.

Please complete:

Full Name (First, Middle, Last)

Address

City

State

Zip

Date of Birth

Email Address

Home Phone

Cell Phone

Work Phone

T-Shirt Size: Adult (traditional t-shirt):

CAMP POSITION DESIRED (mark your 1st, 2nd, & 3rd choices for both the morning & afternoon sessions)

IMPORTANT NOTE: Your selections serve only as a tool for staff when making assignments. Assignment to the activities selected below is not guaranteed.

Morning Activities (mark 1st, 2nd, & 3rd choices)

- | | |
|--|---|
| <input type="checkbox"/> Archery/Games | <input type="checkbox"/> Family needs (babysitting) |
| <input type="checkbox"/> Go Carts | <input type="checkbox"/> Inside Helper |
| <input type="checkbox"/> Horses | |

Afternoon Activities (mark 1st, 2nd, & 3rd choices)

- | | |
|--|---|
| <input type="checkbox"/> Bumper Boats | <input type="checkbox"/> Family needs (babysitting) |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Inside Helper |
| <input type="checkbox"/> Pool/Water Activities | |

Other Activities (please mark all area's that you are willing to help if needed)

- | | |
|---|--|
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Devotions |
| <input type="checkbox"/> Kitchen Helper | <input type="checkbox"/> Hosting a Family |
| <input type="checkbox"/> Family Needs (i.e., babysitting) | <input type="checkbox"/> Runner |
| <input type="checkbox"/> Volunteer Mentor (Returning volunteers only) | <input type="checkbox"/> Camp Photographer |

Are there any activities you do not feel comfortable doing OR cannot do? (i.e., if you can not swim, are scared of horses, if you can not lift heavy objects so you can not be a runner, etc.)

Medical Training Background: (I am a...)

- | | | |
|------------------------------|------------------------------------|--|
| <input type="checkbox"/> MD | <input type="checkbox"/> EMT | <input type="checkbox"/> CPR Certified |
| <input type="checkbox"/> RN | <input type="checkbox"/> Paramedic | <input type="checkbox"/> Lifeguard Certified |
| <input type="checkbox"/> LPN | | |

If you have Medical Training, What are your current license(s), employer and position held:

FIRST-TIME COUNSELOR APPLICANTS ONLY

Please complete the following:

How did you hear about Camp Debbie Lou?

Why do you want to volunteer at Camp Debbie Lou?

List any experience working with children. Please specify age groups:

Please provide two character references (non-family members):

Reference 1

Name

Relation to applicant

Phone Number

Email Address

Complete Mailing Address

Reference 2

Name

Relation to applicant

Phone Number

Email Address

Complete Mailing Address

RETURNING COUNSELOR APPLICANTS ONLY

Please answer the following question:

Are there any issues regarding any counselors from last year you wish to bring to our attention?

Note: names are required for us to address any such issues.

ALL APPLICANTS

APPLICANT’S CERTIFICATION AND AGREEMENT— Please Read Carefully

I hereby authorize Camp Debbie Lou to obtain information pertaining to any charges or convictions I may have for federal and state criminal law violations. This information will include but not be limited to allegations and convictions committed upon minors, and will be gathered from any law enforcement agency of this state or any other state or federal government to the extent permitted by the state and federal law.

I also authorize all persons, public agencies, courts, schools, employer companies, and corporations to supply verification of the information provided in my application as well as evaluation of my prior performances, and I release them from all liability from their doing so.

Voluntary Disclosure of Convictions:

Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? **YES or NO**

Have you ever been convicted of any crime relating in any manner to narcotics or other controlled substances? **YES or NO**

If yes for either question, please explain: (use separate paper if necessary)

The above statements are true and complete to the best of my knowledge. Any falsification, misrepresentation, or incompleteness in this disclosure is alone grounds for disqualification or dismissal. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application.

Check this box if you agree to the above conditions

Applicant’s Signature

Date