

2009 CAMP TO BELONG SUMMER CAMP
August 22th - August 29th

COUNSELOR APPLICATION
CAMP TO BELONG MASSACHUSETTS

PRINT CLEARLY

DATE OF APPLICATION: _____

NAME: _____

AKA: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

LENGTH OF RESIDENCY: _____

HOME PHONE () _____ WORK PHONE () _____ CELL
PHONE () _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

GENDER: _____ HT: _____ WT: _____

ARE YOU BILINGUAL? Yes _____ No _____ If yes, please list those languages that
you are proficient in: _____

DRIVER'S LICENSE (#, STATE ISSUED BY, AND EXPIRATION DATE): _____

Has your driver's license ever been suspended or revoked? Yes _____ No _____

If yes, attach a signed document indicating the nature and circumstances of the action
taken against you.

APPLICANT NAME: _____

Have you ever been convicted of a crime? (Exclude any minor traffic violations for which the fine was \$50 or less before April 5, 1985 or \$100 or less on or after April 4, 1985.)
Yes_____ No_____

Have you ever been arrested for a crime? Yes_____ No_____
If yes, attach a signed document indicating the nature and circumstances of the crime(s).

Camp To Belong requires clearances for all volunteers through the Department of Justice, Child Abuse Index and/or Investigative firms. Do you give Camp To Belong consent to obtain these clearances with regards to you serving as a volunteer at Camp To Belong Summer Camps? Yes_____ No_____

Residency History:

Previous address #1.

Address: _____
City: _____ State: _____ Zip: _____

Length of Residency: _____

Previous address #2.

Address: _____
City: _____ State: _____ Zip: _____

Length of Residency: _____

Employment History:

Present

Employer: _____ Position: _____

Address: _____ Phone: _____

Supervisor: _____

Last 2 Employers:

Employer 1: _____ Employment

length: _____

Position: _____

Responsibilities: _____

Reason for leaving: _____

Employer 2 : _____ Employment length: _____

Position: _____

Responsibilities: _____

Reason for leaving: _____

APPLICANT NAME: _____

Education:

Degree(s) held: _____

Field of study: _____

If student, list school currently attending: _____

Year in school: _____

Health:

Date of last TB test: _____

Health status: _____

Do you have any health issues that would pose a risk to campers or staff? _____ If yes, please elaborate: _____

Do you have any health issues that would prevent or limit your participation in camp activities? _____

If yes, please elaborate: _____

Do you have current CPR training: _____ Expiration date: _____

Do you have current First Aid Training: _____ Expiration date: _____

Volunteer Experience:

Are you volunteering as a paid representative of your agency or business? Yes ___ No ___

Are you volunteering on your personal time? Yes ___ No ___

Please list all past and current volunteer experiences:

1. _____
2. _____
3. _____
4. _____

What interested you in volunteering with Camp To Belong Summer Camps?

Have you had any experience with children in foster care, adoption or kinship care?

Have you received specific training on appropriate ways to restrain youth? Yes _____ No _____

If yes, please include verification of training.

APPLICANT NAME: _____

Camp To Belong is always in need of volunteers to assist in camp activities and year-round activities. Please check those areas you would be interested in assisting (we will look at documents you may have already completed as well):

- ___ Art Therapy Programs
- ___ Outdoor Sports and Recreation
- ___ Event Planning/Coordinating
- ___ Group Leadership
- ___ Travel Coordination
- ___ Administrative (Computer Skills)
- ___ Fundraising/Grant Writing
- ___ Public Speaking
- ___ Other,

References:

List three persons, not relatives, who have knowledge of your character, experience, and ability to work with Camp To Belong Summer Camps. Later in our selection process, you will be asked to have each of them return a reference form on your behalf.

Name: _____

Relationship: _____

Years acquainted: _____

Name: _____

Relationship: _____

Years acquainted: _____

Name: _____

Relationship: _____

Years acquainted: _____

Emergency Information:

In the case of an emergency, please list those individuals we should contact.

Name: _____ Relationship to you: _____

Address: _____

Phone Number: _____

Name: _____ Relationship to you: _____

Address: _____

Phone Number: _____

I understand the opportunity to participate in Camp To Belong Summer Camp is a volunteer position, and therefore money for services will not be exchanged. If I am traveling to a camp site outside of my home geographic area, I understand I am responsible for all transportation costs to and from Summer Camp.

APPLICANT NAME: _____

I understand that I will participate in volunteer training starting with reviewing documents that may come through regular mail and e-mail prior to camp, as well as attend on-site pre-camp training as included in the days for each camp noted above.

I authorize investigation of all statements herein and release Camp To Belong and all others from liability in connection with it. I understand that if I am chosen to volunteer, it will be at-will, and any agreement to the contrary must be in writing and signed by Camp To Belong. I also understand that untrue, misleading or omitted information herein or in other documents completed by the applicant will result in dismissal regardless of the time of discovery by Camp To Belong.

APPLICANT NAME: _____

APPLICANT'S SIGNATURE: _____

PLEASE NOTE: WE WILL CONTACT YOU TO CONFIRM RECEIPT OF APPLICATION. A FURTHER INTERVIEW WILL TAKE PLACE AFTER WHICH THREE REFERENCE FORMS WILL NEED TO BE RETURNED.

Camp To Belong is a non-profit, tax-exempt organization and gives equal opportunity to all volunteers.

Return your application to:

Adam Roy
156 School St.
Watertown, MA 02472

Fax: 617-801-8213
Phone: 413-575-5691
adammroy@comcast.net
<http://www.siblingconnections.com>