

Give Siblings Their Right To Reunite!

## 2009 CAMP TO BELONG SUMMER CAMPS

### VOLUNTEER APPLICATION (Complete one application per volunteer)



---

### Camp Dates

**1. June 15th – 20th, 2009**

**Camp N-Sid-Sen  
Lake Coeur d'Alene, Idaho**

- *Counselor training is June 12, 13, 14. All counselors are responsible for their own transportation and are expected to arrive between 6-8 p.m. Friday 6-12-08 @ Whitworth College Campus in Spokane, Washington.*

**2. August 24<sup>th</sup>-29<sup>th</sup> , 2009**

**Miracle Ranch Camp  
Gig Harbor, WA**

- *Counselor training is August 21, 22, 23. All counselors are expected to arrive between 6-8 p.m. Friday 8-21-08. CAMP, August 24-29<sup>th</sup>, 2009*
- *Please circle and indicate preference for camp site locations/dates*
- ***Counselor training is not optional and vital to the success of our program***

More details regarding training will be provided if your application is accepted.

**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: \_\_\_\_\_

**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.

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.

- \_\_\_ Art Therapy Programs
- \_\_\_ Outdoor Sports and Recreation event planning
- \_\_\_ Luggage Coordination
- \_\_\_ Group Leadership (Cabin Lead or Family Lead)
- \_\_\_ Travel Coordination
- \_\_\_ Administrative (Computer Skills)
- \_\_\_ Fundraising/Grant Writing
- \_\_\_ Public Speaking
- \_\_\_ Boat Driver with boat for am/pm activity rotation for tubing
- \_\_\_ Celebrity Silent/Oral Auction volunteer on April 5<sup>th</sup>, 2008
- \_\_\_ Thank You Notes
- \_\_\_ Talent night at camp
- \_\_\_ Life Seminar for 14+
- \_\_\_ Community Service seminar for 14/under
- \_\_\_ Coordinator for Birthday Shopping
- \_\_\_ Birthday Party Night Coordinator
- \_\_\_ Theme Night (Hawaii theme) Coordinator
- \_\_\_ Carnival Night Coordinator
- \_\_\_ Signage and Posters for Camp
- \_\_\_ Song Leader for Camp
- \_\_\_ Other, \_\_\_\_\_

**References:**

List three persons, not relatives, who have knowledge of your character, experience, and ability to work with Camp To Belong Summer Camps. *IT IS YOUR RESPONSIBILITY TO MAKE COPIES OF THE ENCLOSED REFERENCE SHEET AND FORWARD THEM TO*

*YOUR REFERENCES. YOU MAY WANT TO INCLUDE AN ENVELOPE FOR THEM TO RETURN DIRECTLY TO CAMP TO BELONG TO EXPEDITE THE PROCESS.*

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.

Signature of APPLICANT: \_\_\_\_\_

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.

Signature of APPLICANT: \_\_\_\_\_

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'S SIGNATURE: \_\_\_\_\_

**PLEASE NOTE: WE WILL CONTACT YOU TO CONFIRM RECEIPT OF APPLICATION. A FURTHER Phone INTERVIEW WILL be scheduled with you and TAKE PLACE ONCE ALL THREE REFERENCE LETTERS ARE RECEIVED.**

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

**Return your application to Camp To Belong, CTB NW/ Attention:  
Karyn Schimmels, CTB NW Program Director  
8905 SW Avon Ct., Tigard, OR 97224 or [kschimmels@verizon.net](mailto:kschimmels@verizon.net).**