



## COUNSELOR INQUIRY LETTER

Dear Volunteer Applicant:

Thank you for your interest in becoming a Camp To Belong OC (CTBOC) volunteer camp counselor. We are looking forward to our second camp in July 2010, which is being held at the Irvine Regional Park in Orange, CA. On July 26 we will welcome our second group of brothers and sisters from around Orange County who have been separated in the foster care system or other out-of-home care. This camp week is an opportunity for siblings to spend time together in a relaxed, yet exciting, environment where a special mix of activities and programs will be put together to make their week at camp memorable for the sibling connections that are enhanced.

It will be the responsibility of the volunteer camp counselors to provide a safe, nurturing, and fun setting for these siblings to connect with one another and with other campers who are in similar situations and to safely enjoy their week at camp.

We look for camp counselors who

- are responsible & respectful,
- are energetic & like to have fun
- are team players and can take initiative
- are willing to jump in the trenches,
- are willing to be totally unselfish,
- feel exhilaration,
- yearn to learn and understand the needs of the resilient kids who will be campers
- and who also understand and value the sibling relationship.

I have attached to this letter the "New Counselor Application" (Pages 2-5) which needs to be completed and mailed to me at the address provided. Also you will find the "Camp To Belong Volunteer Reference Questions" on pages 6-7 which is a form for you to copy and forward to your 3 chosen references. These references will need to complete the form and email or mail it to me at the address provided.

For confidentiality purposes and to keep everyone's personal information safe, we ask that the application form be mailed via regular mail rather than submitted electronically. References will be accepted electronically as long as the questions and format on the attached reference form are used.

Once we have received your application, you will be contacted to schedule an interview. In most cases a telephone interview will be scheduled. A follow-up interview may also be requested if we have further questions. A decision will not be made until all three reference letters are received and background checks have been returned.

Background checks will be required of all camp counselors at their own expense. Please include a check for \$25 made payable to FCAOC with your application.

Again, on behalf of the Camp To Belong OC Planning Committee, I thank you for your interest in volunteering at CTBOC. If you have any questions, please do not hesitate to contact me at 714-778-3383 or [FosterCareAux@yahoo.com](mailto:FosterCareAux@yahoo.com).

Sincerely,

Kathy Harvey & Bryan Nash  
Camp To Belong Orange County



**NEW COUNSELOR APPLICATION**  
(Complete one application per volunteer)

**CAMP TO BELONG OC**  
**Irvine Regional Park, Orange, California**  
**July 24-31st, 2010**  
(COUNSELORS TRAINING July 24-25, CAMPERS July 26-31)

Please consider your application and commitment to become a volunteer counselor carefully. We understand that life events can occur unexpectedly. However, we must stress the importance the role our volunteer counselors play. If counselors drop out, especially close to the dates of camp, the number of campers is adversely impacted.

**DATE OF APPLICATION:** \_\_\_\_\_

Are you a returning volunteer for CTB-OC? **Yes**  **No**

Have you served at any other CTB? **Yes**  **No**  If so, please give the location and year(s) served.

\_\_\_\_\_

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

Name you want on your Camp To Belong Button: \_\_\_\_\_

AKA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LENGTH OF RESIDENCY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

GENDER: \_\_\_\_\_

HT: \_\_\_\_\_ WT: \_\_\_\_\_

**DO YOU SPEAK MORE THAN ONE LANGUAGE?** **Yes**  **No**

If yes, please list those languages in which you are proficient: \_\_\_\_\_

**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.

Have you ever been convicted of a crime? **Yes**  **No**

If yes, attach a signed document indicating the nature and circumstances of the crime(s).

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, Motor Vehicle and/or investigative firms. Do you give Camp To Belong OC consent to obtain these clearances with regards to you serving as a volunteer at Camp To Belong Summer Camps?

**Yes**  **No**  If no, we will not be able to continue the application and interview process.

Have you included a \$25 check to FCAOC to cover the expense of the clearance? **Yes**  **No**

Social Security # \_\_\_\_\_ (can opt to relay this information during the phone interview)

**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:**

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**Last 2 Employers:**

Employer 1: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer 2: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

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? Yes  No

If yes, please elaborate: \_\_\_\_\_

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

Yes  No  If yes, please elaborate: \_\_\_\_\_

Do you have current CPR training: Yes  Expiration date: \_\_\_\_\_ No

Do you have current First Aid Training: Yes  Expiration date: \_\_\_\_\_ No

Do you have current specific training on appropriate ways to restrain youth?

Yes  Expiration date: \_\_\_\_\_ No

If yes, please include verification of training.

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?

---

---

---

Describe any experience you have had with children in foster care, adoption or kinship care.

---

---

---

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. TO EXPEDITE THE PROCESS YOU MAY WANT TO INCLUDE A SELF-ADDRESSED ENVELOPE FOR THE REFERENCE TO BE RETURNED DIRECTLY TO CAMP TO BELONG OC.

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: \_\_\_\_\_

So that we all may start to get to know one another prior to the camp week, please include a short biography of yourself that will be shared with all volunteer counselors in future mailings.

PERSONAL BIO:

---

---

---

---

---

---

---

---

---

---

Your Volunteer Commitment:

Please know that the Camp week is not finished until all campers have been connected with their care providers for their return home and Camp To Belong OC has cleaned and packed to leave Irvine Regional Park. Counselors may not leave their camp commitment early except in the case of an emergency.

\*\*\*\*\*

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 campsite outside of my home geographic area, I understand I am responsible for all transportation costs to and from Summer Camp.

I understand that I will participate in volunteer training starting by 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 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'S SIGNATURE: \_\_\_\_\_

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

Return your application to

**Foster Care Auxiliary -Kathy Harvey**  
**Camp To Belong OC**  
**333 S. Brookhurst St.**  
**Anaheim, CA 92804**

**PLEASE NOTE:** Once we have received your application, you will be contacted to schedule an interview. In most cases a telephone interview will be scheduled. A follow-up interview may also be scheduled if we have further questions. A decision will not be made until all three reference letters are received and background checks have been returned.

FOR CTBOC USE ONLY	
Date application received	_____
Date of interview	_____
Name of interviewer	_____
Clearance	_____

CAMP TO BELONG OC  
VOLUNTEER REFERENCE QUESTIONS



\_\_\_\_\_ is applying to be a volunteer counselor at a Summer Camp session(s) for Camp To Belong and has listed you as a reference. Camp To Belong is a non-profit organization dedicated to reuniting brothers and sisters placed in separate foster homes or other out-of-home care ([www.camptobelong.org](http://www.camptobelong.org)). Our counselors spend a week with the siblings in a camp environment. We would appreciate it if you would answer the following questions and send the form back to us within ten days of receipt. Feel free to use an additional sheet of paper if necessary.

Please return the form to  
Foster Care Auxiliary -Kathy Harvey  
Camp To Belong  
[FosterCareAux@yahoo.com](mailto:FosterCareAux@yahoo.com) or  
333 S. Brookhurst St.  
Anaheim, CA 92804

Thanks very much for your time.

1. How long have you known the applicant, and in what capacity?

---

---

---

2. Have you seen the applicant interact with children? If yes, what stands out?

---

---

---

3. Is the applicant a leader/initiator or a follower? Explain

---

---

---

4. Is the applicant self-motivated, or does he/she need others for motivation?

---

---

---

5. How does the applicant handle conflict?

---

---

6. Would you consider the applicant to be flexible? Responsible? Loyal?

7. Does the applicant have a sense of humor?

8. Does the applicant like individuality and/or to be part of a team?

9. What kind of patience level does the applicant have?

10. Why do you think the applicant wants to be a counselor?

11. Would you recommend the applicant to take care of your children? To be a counselor at camp?

PLEASE PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

MAY WE CONTACT YOU IF WE HAVE ADDITIONAL QUESTIONS? YES  NO

IF YES, BEST NUMBER OR E-MAIL TO REACH YOU: \_\_\_\_\_