



Returning 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 # _____

Is there anything that has changed significantly since your 2009 application? Yes No

If so please explain on back of this page.

Health:

Date of last TB test: _____

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.

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

Are you volunteering on your personal time? Yes No

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: _____

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: _____

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