



CAMP COURAGE

Adult Counselor Volunteer Application

Application deadline: Friday, April 12, 2019
Please check one: Camp Courage JR (Aug 3) Camp Courage (May 31-June 2)

NAME: _____ SOCIAL SECURITY NUMBER: _____

PERMANENT ADDRESS: _____ CITY: _____ ZIP _____

BUSINESS : _____ BUSINESS ADDRESS: _____

CITY: _____ ZIP: _____ DOB: _____

E-MAIL ADDRESS: _____ CELL PHONE: _____

HOME PHONE: (____) _____ BUSINESS PHONE: (____) _____

T-shirt size: Adult Sizes Small Medium Large XLarge XXLarge XXXLarge

POSITIONS

(ONLY COMPLETE FOR CAMP COURAGE)

List with numbers 1, 2 and 3 the age group and type of loss you desire to work with. ***Please know that we will make every effort to honor your #1 request, but we ask for your flexibility in the event we need you with a different age group.***

Age-Rank Preference by 1,2,3

____ 3rd to 5th grade

____ Middle School

____ High School

Type of Loss-Rank Preference by 1 or 2

____ Death

____ Divorce

Have you ever been a counselor for Camp Courage before? Yes No

If so, what year(s) and what group(s) did you work with?

CERTIFICATIONS

____ American Red Cross First Aid

____ American Red Cross CPR

____ Registered Nurse

____ Licensed Professional Counselor

____ Licensed Social Worker

____ Certified Nursing Assistant

____ Emergency Medical Technician

____ Paramedic

____ Other (Please list) _____

Date of expiration: _____

Date of expiration: _____

State: _____

State: _____

State: _____

State: _____

EMPLOYMENT (Current or Last Employer)

EMPLOYER NAME: _____ POSITION: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SUPERVISOR'S NAME: _____ PHONE: (____) _____

PRINCIPLE DUTIES: _____

DATES EMPLOYED: From: _____ To: _____ Reason for leaving: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OFFENSE? YES NO

Driver's License # : _____ State: _____ Expires: _____

DO YOU HAVE ANY MEDICAL CONDITION(S) THAT WOULD PREVENT YOUR PARTICIPATION DURING CAMP? IF SO, PLEASE EXPLAIN:

Why do you want to be a volunteer/counselor for Camp Courage? _____

List the names of any organization that you are currently a member of: _____

Briefly describe your experience with grief or loss: _____

List 3 persons (not relatives) who have knowledge of your ability, character and experience:

1. NAME ADDRESS CITY ZIP PHONE

2. _____

3. _____

Signature

Date