



Additional information needed: 2 reference letters from someone other than a family member are necessary for your application to be considered. If you have been a previous Junior Counselor, one of your reference letters should be from a previous Camp Courage adult counselor or volunteer. Reference letters should state why you would be a good candidate to volunteer for Camp Courage. Applications will not be accepted without references.

CAMP COURAGE
Junior Counselor Volunteer Application
(for youth ages 16-17 years of age-slots are limited)

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

NAME: _____ SOCIAL SECURITY NUMBER: _____

PERMANENT ADDRESS: _____ CITY: _____ ZIP _____

CITY: _____ ZIP: _____ DOB: _____

E-MAIL ADDRESS: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

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

POSITIONS

CAMP COURAGE ONLY

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
- ___ Certified Nursing Assistant
- ___ Licensed Professional Counselor
- ___ Licensed Social Worker
- ___ Emergency Medical Technician
- ___ Paramedic
- ___ Other (Please list) _____

Date of expiration: _____
Date of expiration: _____
State: _____
State: _____
State: _____
State: _____

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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 serve as a camp facilitator or volunteer this summer? _____

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

Briefly describe your experience with grief or loss (if experience is personal please include dates): _____

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

NAME ADDRESS CITY ZIP PHONE

1. _____

2. _____

3. _____

Signature

Date