



**CAMP COURAGE**  
**Adult Counselor/Volunteer Application**  
**Summer 2010**

**Application deadline: April 16, 2010**

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

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

- \_\_\_ Kindergarten through 3<sup>rd</sup> grade
- \_\_\_ Grades 4 through 6
- \_\_\_ Grades 7 through 9
- \_\_\_ Grades 10 through 12

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
- \_\_\_ American Red Cross Water Safety Instructor
- \_\_\_ American Red Cross Lifeguard Training
- \_\_\_ American Red Cross Lifeguard Instructor
- \_\_\_ Registered Nurse
- \_\_\_ Emergency Medical Technician
- \_\_\_ Paramedic
- \_\_\_ Other (Please list) \_\_\_\_\_

Date of expiration: \_\_\_\_\_  
Date of expiration: \_\_\_\_\_  
Date of expiration: \_\_\_\_\_  
Date of expiration: \_\_\_\_\_  
Date of expiration: \_\_\_\_\_  
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 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

---

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

- |    | <u>NAME</u> | <u>ADDRESS</u> | <u>CITY</u> | <u>ZIP</u> | <u>PHONE</u> |
|----|-------------|----------------|-------------|------------|--------------|
| 1. | _____       | _____          | _____       | _____      | _____        |
| 2. | _____       | _____          | _____       | _____      | _____        |
| 3. | _____       | _____          | _____       | _____      | _____        |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date