



Camp Courage

Adult Counselor Volunteer Application

Application deadline: Friday, April 15, 2011

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 3rd 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 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:

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

Signature

Date