



# Camp Courage

## Junior Counselor Volunteer Application

(for youth ages 15-17 years of age\*)

**Application deadline: Friday, April 15, 2011**

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

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 attended Camp Courage as a camper?    Yes    No    if so dates: \_\_\_\_\_

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?

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### 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 (if experience is personal please include dates): \_\_\_\_\_

\_\_\_\_\_

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

1. NAME ADDRESS CITY ZIP PHONE

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Additional Information:

**Two 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. Application will not be considered without reference letters.**

\*Slots are limited. You will be contacted by mail before April 25, 2011 to let you know if you have been accepted.

If you are accepted as a junior counselor, you will be required to attend training on one of the two following dates: May 10, 2011 6:00 pm **or** May 19, 2011 6:00 pm.