



CAMP COURAGE
Junior Counselor/Volunteer Application
(for youth ages 14-17 years of age *)
 June 7-10, 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 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 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. | _____ | _____ | _____ | _____ | _____ |

* A sponsor letter of a previous Camp Courage adult counselor/volunteer is required in order for your application to be considered if you have been a junior camp counselor/volunteer for Camp Courage in the past. The letter needs to state why your sponsor feels as though you would be a good candidate.

Signature

Date

* Slots are limited. Preference is given to prior Camp Courage Jr. Counselors and campers.