



**2010 CAMP TO BELONG SUMMER CAMP
June 26 - July 2, 2010
COUNSELOR APPLICATION**

**(Complete one application per counselor)
PRINT CLEARLY**

Date of Application _____
Name _____
Aka _____
Address _____
City _____ State _____ Zip _____
Length of Residency _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____
Social Security Number (SSN) _____ Date of Birth _____
Place of Birth _____
Gender M F Height _____' _____" Weight _____ lbs

Are you bilingual? Yes No
If yes, please list those languages that you are proficient in _____

Driver's License (#, state issued by, and expiration date)
DL # _____ State Issued _____ Expire Date _____
Has your driver's license ever been suspended or revoked? Yes No
If yes, attach a signed document indicating the nature and circumstances of the action taken against you.

Applicant Name: _____

Have you ever been convicted of a crime? (Exclude any minor traffic violations for which the fine was \$50 or less before April 5, 1985 or \$100 or less on or after April 4, 1986.)

Y N

Have you ever been arrested for a crime? Yes No

If yes, attach a signed document indicating the nature and circumstances of the crime(s).

Camp To Belong requires clearances for all volunteers through the Department of Justice, Child Abuse Index and/or Investigative firms. Do you give Camp To Belong consent to obtain these clearances with regards to you serving as a volunteer at Camp To Belong Summer Camps?

Yes No

RESIDENCY HISTORY

Previous Address #1

Address _____
City _____ State _____ Zip _____
Length of Residency _____

Previous Address #2

Address _____
City _____ State _____ Zip _____
Length of Residency _____

EMPLOYMENT HISTORY

Present Employer

Employer _____
Address _____
City _____ State _____ Zip _____
Supervisor _____
Position _____ Phone _____
Employment Length _____ Yrs _____ Months

Previous Employer

Employer _____
Address _____
City _____ State _____ Zip _____

Applicant Name: _____

Supervisor _____

Position _____

Employment Length ____ Yrs ____ Months

Previous Employer

Employer _____

Address _____

City _____ State ____ Zip _____

Supervisor _____

Position _____ Phone _____

Employment Length ____ Yrs ____ Months

EDUCATION

Degree(s) held _____

Field of Study _____

If student, list school currently attending: _____

Year in school _____

HEALTH

Date of last TB test _____

Health status _____

Do you have any health issues that would pose a risk to campers or staff?

Yes No

If yes, please elaborate: _____

Do you have any health issues that would prevent or limit your participation in camp activities?

Yes No

If yes, please elaborate: _____

Do you have current CPR training? Yes No Expiration date: _____

Do you have current First Aid training? Yes No Expiration date: _____

Applicant Name: _____

VOLUNTEER EXPERIENCE

Are you volunteering as a paid representative of your agency or business?

Yes No

Are you volunteering on your personal time? Yes No

Please list all past and current volunteer experiences:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Why are you interested in volunteering with Camp To Belong summer camp?

Have you had any experience with children in foster care, adoption or kinship care?

Have you received specific training on appropriate ways to restrain youth?

Yes No

If yes, please include verification of training. _____

You can help send separated siblings to camp by conducting a fundraiser in your own community and donating the proceeds to CTB-GA. Some ideas are: garage sale, casual day at work for a fee, bake sale, car wash, camp supply drive at your work, church or school (contact us for items that are needed).

Are you willing to do a fundraiser for CTB-GA? Yes No

Applicant Name: _____

Camp To Belong-GA is always in need of volunteers to assist in year-round activities. Please check those areas you would be interested in:

- Committee Member
- Sibling Connection Events
- Event Planning / Coordinating
- Group Leadership
- Camper and Counselor Recruitment
- Administrative (computer skills)
- Grant Writing
- Fundraising Events
- Other:

REFERENCES

List three persons, not relatives, whom have knowledge of your character, experience, and ability to work with Camp To Belong Summer Camps.

Name _____ Relationship _____
Years acquainted _____ Phone Number _____ E-mail _____

Name _____ Relationship _____
Years acquainted _____ Phone Number _____ E-mail _____

Name _____ Relationship _____
Years acquainted _____ Phone Number _____ E-mail _____

EMERGENCY INFORMATION

In the case of an emergency, please list those individuals we should contact.

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____

Applicant Name: _____

Name _____
Address _____
City _____ **State** _____ **Zip** _____
Phone _____

Name _____
Address _____
City _____ **State** _____ **Zip** _____
Phone _____

I understand the opportunity to participate in Camp To Belong Summer Camp is a volunteer position, and therefore money for services will not be exchanged. If I am traveling to a camp site outside of my home geographic area, I understand I am responsible for all transportation costs to and from Summer Camp.

I understand that I will participate in volunteer training starting with reviewing documents that may come through regular mail and e-mail prior to camp, as well as attend on-site pre-camp training as included in the days for each camp noted above.

I authorize investigation of all statements herein and release Camp To Belong and all others from liability in connection with it. I understand that if I am chosen to volunteer, it will be at-will, and any agreement to the contrary must be in writing and signed by Camp To Belong. I also understand that untrue, misleading or omitted information herein or in other documents completed by the applicant will result in dismissal regardless of the time of discovery by Camp To Belong.

Applicant Name _____

Applicant's Signature _____

Camp To Belong is a non-profit, tax-exempt organization and gives equal opportunity to all volunteers.

Return your application to: Camp To Belong - Georgia, 6101 Golden Landing, Canton, GA 30114
OR fax your SIGNED copy to: 404 745 0454

To contact us, please call Debby at: 770 345 0630

PLEASE NOTE: WE WILL CONTACT YOU TO CONFIRM RECEIPT OF APPLICATION.