



**2012 CAMP TO BELONG SUMMER CAMP**  
**Camp Twin Lakes at Camp Dream - Warm Springs, GA**  
**Training July 7 - Camp dates - July 8 – July 13, 2012**  
**RETURNING COUNSELOR APPLICATION**

**Fill application out electronically – PRINT 2 COPIES as electronic copy can't be saved**

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.*

*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).*

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, supply drive at your school or church (contact us for items needed).

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Committee Member  | <input type="checkbox"/> Administrative (computer skills) |
| <input type="checkbox"/> Sibling Connection Events   | <input type="checkbox"/> Grant Writing                    |
| <input type="checkbox"/> Group Leadership  | <input type="checkbox"/> Other: <input type="text"/>      |
| <input type="checkbox"/> Camper and Counselor Recruitment Events                               | <input type="checkbox"/> Fundraising Events               |
| <input type="checkbox"/> Event Planning/Coordinating Sibling Connection Events during the year |   |

Applicant Name: \_\_\_\_\_

**RESIDENCY HISTORY** *Previous Address*

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Length of Residency \_\_\_\_\_

**EMPLOYMENT HISTORY**

*Present Employer (\*E-mail address REQUIRED)*

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ \* E-mail Address \_\_\_\_\_  
Position \_\_\_\_\_ Phone \_\_\_\_\_  
Employment Length  Yrs  Months

**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: \_\_\_\_\_

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

Yes  No If yes, please include verification of training. \_\_\_\_\_

**REFERENCE**

List a person, not a relative, who has knowledge of your character, experience, and ability to work with Camp To Belong Summer Camps. **\* E-MAIL ADDRESS REQUIRED**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Years acquainted \_\_\_\_\_ Phone Number \_\_\_\_\_

Applicant Name: \_\_\_\_\_

\*E-mail Address \_\_\_\_\_

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

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

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

**Return your application by April 15, 2012 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 **OR** e-mail [cartcamp@aol.com](mailto:cartcamp@aol.com)

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