



**2011 CAMP TO BELONG SUMMER CAMP
June 18 – June 24, 2011**

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="checkbox"/> Camper and Counselor Recruitment Events | <input type="checkbox"/> Fundraising Events |
| <input type="checkbox"/> Event Planning / Coordinating for 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: _____

Reference

*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, 2011 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

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