



2011 CAMP TO BELONG SUMMER CAMPS

June 18 – June 24, 2011

COUNSELOR APPLICATION

(Complete one application per volunteer)

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

Applicant Name: _____

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 (**E-mail address REQUIRED**)

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

Previous Employer (**E-mail address REQUIRED**)

Employer _____
Address _____
City _____ State _____ Zip _____
Supervisor _____ * E-mail Address _____
Position _____
Employment Length _____ Yrs _____ Months

Applicant Name: _____

Previous Employer **(E-mail address REQUIRED)**

Employer _____
Address _____
City _____ **State** _____ **Zip** _____
Supervisor _____ *** E-mail Address** _____
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:** _____

VOLUNTEER EXPERIENCE

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

Yes **No**

Applicant Name: _____

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?

How did you hear about Camp To Belong-Georgia? _____

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

Yes No

If yes, please include verification of training. _____

Applicant Name: _____

Camp To Belong is always in need of volunteers to assist in camp activities and year-round activities. Please check those areas you would be interested in assisting (we will look at documents you may have already completed as well):

- Art Expression Programs
- Outdoor Sports and Recreation
- Event Planning / Coordinating for Sibling Connection Events during the year
- Group Leadership
- Travel Coordination
- Administrative (computer skills)
- Fundraising / Grant Writing
- Public Speaking
- Other:

You can help send separated siblings to camp by hosting 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

REFERENCES

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

Name _____ Relationship _____

Yrs acquainted ___ Phone # _____ *E-mail Address _____

Name _____ Relationship _____

Yrs acquainted ___ Phone # _____ *E-mail Address _____

Name _____ Relationship _____

Yrs acquainted ___ Phone # _____ *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 _____

Applicant Name: _____

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** _____

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

Camp To Belong 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