



Volunteer Staff Application

I am interested in: CAMP YEAR ROUND PROGRAMMING BOTH CAMP AND YEAR ROUND PROGRAM

All information is completely confidential:

Date: _____

Name: _____

Day Phone: (____) _____ Evening Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____ (Most of our correspondence is via e-mail.)

The best way for you to be reached is: Day Phone Evening Phone Cell Phone E-mail

Address: _____

City: _____ State: _____ County (if in Ohio): _____ Zip Code: _____

Social Security #: _____ Age: _____ Date of Birth: __/__/__ Gender: _____ Ethnicity (optional): _____

Emergency Contact Name: _____ Emergency Contact Phone number: _____

Please note: All staff will be required to submit fingerprint background checks.

Personal History:

Do you have any physical or mental restrictions? (If so please explain) _____

Do you speak any foreign languages fluently? _____ If yes, which language(s)? _____

Have you ever been convicted of a crime? Yes / No (please circle one)

If yes, please explain: _____

*** Please note that Camp Sunrise does not accept volunteers who have been convicted of a felony.**

Are you currently in a recovery program? Yes / No (please circle one)

If yes, please specify type and length of treatment: _____

Do you have a valid driver's license? Yes / No (please circle one) License #: _____

Have you ever applied, interviewed or trained to be an emotional or practical support volunteer? Yes / No (please circle one)

If yes, please specify the type of training and the dates: _____

One of the events at camp involves counselor lead activities. Please indicate one or two activities that you would like to lead with 8-20 campers. Past examples include soccer, friendship bracelets, scrapbooking, etc.

First Activity Choice: _____

Second Activity Choice: _____

Total number of campers for activity: _____

Education:

High School

Name of High School	Major Subjects Studied	Years Attended
---------------------	------------------------	----------------

College

Name of College	Major Subjects Studied / Degree	Years Attended
-----------------	---------------------------------	----------------

Employment:

Present occupation: _____ Present Employer: _____

Employer Address	Employer Phone Number
------------------	-----------------------

May we contact your present employer? Yes / No (please circle one)

References:

Please share with us 3 persons (not relatives) who have knowledge of your character, experience and ability:

Name	Address	Phone Number	E-mail address

Past Employment:

Dates	Employer	Address	Nature of Work

Camp Experience (as a camper or a staff member):

Dates	Camp	Address	Your Role

Essay Questions:

Please take a moment to briefly answer the questions below:

1. What past experience have you had working with children?
2. Why would you like to be a Camp Sunrise Volunteer?
3. What contributions do you think you could make at Camp Sunrise?

Criminal Background Check:

All volunteers are required to have a criminal background check through the Ohio Bureau of Criminal Investigation & Identification or the FBI (for out of state volunteers). Upon acceptance as a volunteer, you will be instructed on how to complete the background check.

Donation (optional):

The cost to send a counselor to Camp Sunrise for the week of camp is about \$250. Would you be willing to make a donation to offset some of these costs for the program? *(Please note, this will NOT affect decisions made by Camp Sunrise staff about selecting volunteers.)*

I have enclosed a personal donation in the amount of: \$25 \$50 \$100 \$250 other

WHAT T-SHIRT SIZE DO YOU WEAR?	Small	Medium	Large	X-Large	(please circle one)
---------------------------------------	-------	--------	-------	---------	---------------------