

Date Received (in Camp Office) _____

COUNSELOR IN TRAINING (CIT) APPLICATION
CAMP HOBÉ 2010: June 13 – 18, 2010
Children's Oncology Camp

Things to know about volunteering with Camp Hobé:

- Volunteer arrival date varies. Most counselor-in-training volunteers will arrive on Sunday 6/13. However, directors and area leaders arrive on Saturday 6/12. If you agree to serve as a leader, you must arrive Sat. 6/12.
- To be eligible to volunteer with us, you must complete the ENTIRE application and sign the last page.
- If selected, volunteers must attend a mandatory staff workshop on the third Saturday in May from 8:30A-4P.
- Volunteers must arrive onsite for training and orientation before the campers' arrival and stay until the final staff meeting. For consistency and continuity in working with campers, it is critical that you are present for the entire session. We make exceptions ONLY for emergencies, such as medical problems or illness in the family.
- Volunteers are chosen based on the applicant's strengths, the campers' needs, and past performance. We make hiring decisions carefully and do not guarantee anyone a spot at camp, whether you are new or returning.

PERSONAL INFORMATION

Last Name First Name Middle Initial Nickname

Street Address City State ZIP Code

Home Phone Number Cell Phone Work Phone E-Mail Address

Profession Employer

Birth Date (needed for background check and volunteer placement)

T-Shirt Size (Circle one or we can't order a camp shirt for you): S M L XL XXL

Are you available to attend a personal interview? (circle one): Yes No

EMERGENCY CONTACT

Name Daytime Phone Number

Relationship Evening/Other Phone Numbers

MEDICAL INSURANCE (If special tests, treatments, X-Rays or medical consultations are needed)

Name of Insurance Carrier Policy Number Phone Number

Insurance Company Street Address City State ZIP Code

Physician Name Physician Phone Number

Physician Street Address City State ZIP Code

DIETARY INFORMATION – Please describe any special dietary needs you may have (food allergy, vegetarian, vegan, lacto-ovo-vegetarian, religious observances): _____

Office use only: New / Return Entered _____ Complete? _____ Interview: Prep _____ Date _____

AREAS OF INTEREST – Tell us which assignments interest you. Check ALL that apply; rank 1st and 2nd choice.

_____ **Cabin Counselor-in-Training:** Helps with individual groups of campers during the daytime activities. Helps the cabin counselor monitor the daily health and safety of each camper assigned, involve campers in activities, and promote friendships within the cabin group.

_____ **Activity Counselor-in-Training:** Helps run program activities for campers and counselors during activity periods, under the direction of the Activity Leader and Program Director. When their activity is not in session, activity counselors-in-training help with breaks, all-camp activities, and mealtime preparations. Review the following list, then put a “T” by any activities you can organize and teach as an expert, and an “A” by activities with which you can assist.

- | | | | |
|--|--------------------------|-----------------------------|----------------------|
| ___ Archery | ___ Arts & Crafts | ___ Biking (mountain bikes) | ___ Computers |
| ___ Dance | ___ Field Games / Sports | ___ Music / Songleader / DJ | ___ Poetry / Writing |
| ___ Nature | ___ Photography / Video | ___ Rock / Wall Climbing | ___ Theater / Improv |
| ___ Lifeguard – current certificate (include copy of current CPR and Lifeguard card with this application) | | | |
| ___ Other (we are always looking for new program ideas!!) _____ | | | |

_____ **Kitchen Assistant Counselor-in-Training:** Responsible for helping prepare and serve meals during the session, under the direction of the Head Cook. Include a copy of any food handling or ServeSafe certificates.

List any other special interests, skills, or workshops you are willing to share at camp: _____

Do you play a musical instrument? If so, what kind and are you willing to help at campfire? _____

EXPERIENCE / MOTIVATION – Please answer each question below, or we cannot consider your application.

How did you find out about Camp Hobé? _____

Why do you want to volunteer at Camp Hobé? _____

If you've volunteered at Hobé before, how will you include / support new volunteers this summer? _____

What experience have you had with children. What did you enjoy most, and least, about them? _____

What experience(s) have you had with cancer or with cancer patients? _____

REFERENCES – ALL CIT APPLICANTS – Please list three references below, such as a current or past employer, teacher, or counselor. We will contact these people to verify your experience and qualifications.

Name	Address	Telephone Number	Relationship
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NEW CIT APPLICANTS ONLY – Please submit one (1) written letter of reference with this application. The letter should be from a current or past employer, teacher, or counselor. Letters from relatives are not acceptable.

CRIMINAL OFFENSES – Note: a conviction does not automatically disqualify an applicant from volunteering. We will consider the date, nature, and seriousness of the offense.

- | | | |
|--|-----|----|
| 1. Have you ever been convicted of a felony in the last 10 years? | Yes | No |
| 2. Has anyone living with you been convicted of a felony in the last 10 years? | Yes | No |
| 3. Have you ever been convicted of child abuse, neglect, or any sexual offense? | Yes | No |
| 4. Are there any other facts or circumstances involving your background, or the background of others in your household, that would call into question your being trusted with the supervision, guidance, and care of young people? | Yes | No |
| 5. If you answered "Yes" to any of the above, please explain (include those matters for which you have plead guilty, no contest, or participated in a pre-trial diversion program): | | |

To ensure the safety of our campers and volunteers, Camp Hobé conducts criminal background checks on adult volunteers and verifies all professional licenses (MD, NP, PA, RN, LPN) and certifications (CPR, First Aid, lifeguard). We need the following documentation or we cannot consider your application:

- Signed application form (below).
- Copy of current certificate if you are CPR, First Aid, lifeguard, ServeSafe, or food handler certified
- Copy of current license if you have a professional medical license (MD, NP, PA, RN, or LPN).

The following documentation is needed ONLY if you are currently over 18 years old:

- Legible photocopy of your social security card, or other official document with social security number (the number must be readable).
- Other names you have used, including maiden names, married names, or aliases.
- Current address and any other addresses you have resided within the last seven (7) years. If your current address is temporary (school address) please list your permanent address as well. If you need more space, write additional addresses on another sheet of paper.

1.	_____	_____	_____	_____
	Address	City	State	Zip
2.	_____	_____	_____	_____
	Address	City	State	Zip
3.	_____	_____	_____	_____
	Address	City	State	Zip
4.	_____	_____	_____	_____
	Address	City	State	Zip

By signing below, I certify that all information on this volunteer application is complete and correct. I also agree to immediately update this application in writing if and when any of the information becomes inaccurate or incomplete. I hereby authorize Camp Hobé Incorporated to conduct a criminal background check and to contact any references listed on this application form. I understand that the falsification, misrepresentation, or omission of information requested is grounds for refusal to accept my volunteer application, or to terminate my volunteer status. If accepted as a volunteer, I agree to abide by the standards of Camp Hobé and to fulfill my volunteer responsibilities to the best of my abilities.

By signing below, I also certify that I will be present for the entire camp session.

_____ Signature of Parent / Legal Guardian (if applicant is less than 18 years old)	_____ Date
_____ Signature of Counselor-in-Training Applicant	_____ Date

Please return by March 21, 2010 (priority deadline – March 1) to:
Camp Hobé, PO Box 520755, SLC, UT 84152-0755.
Please call us at 801-631-2742 if you have any questions.