

COUNSELOR IN TRAINING (CIT) APPLICATION
CAMP HOBÉ 2012: June 9 – 15, 2012
Children's Oncology Camp

Things to know about volunteering with Camp Hobé:

- We **MUST** have an email address for you. We communicate about camp business primarily by email. Once you send your application, please read your email at least once weekly to check for our messages.
- 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.
- Volunteer arrival date varies. Most counselor-in-training volunteers will arrive on Sunday 6/10. However, directors and area leaders arrive on Saturday 6/9. If you agree to serve as a leader, you must arrive Sat 6/9.
- Volunteers must arrive at camp for training and orientation before the campers' arrival and stay until the final staff meeting. For consistency and continuity in working with campers, we need you 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
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Street Address	City	State	ZIP Code
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Home Phone Number	Cell Phone	Work Phone	E-Mail Address (required)
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Profession	Employer
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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
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Relationship	Evening/Other Phone Numbers
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MEDICAL INSURANCE (If tests, treatments, X-Rays or consultations are needed; *write NONE if no insurance*)

Name of Insurance Carrier	Policy Number	Phone Number
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Insurance Company Street Address	City	State	ZIP Code
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Physician Name	Physician Phone Number
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Physician Street Address	City	State	ZIP Code
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DIETARY INFORMATION – Please describe any special dietary needs you may have (food allergy, gluten sensitive, lactose intolerant, vegetarian, vegan, lacto-ovo-vegetarian, religious observances): _____

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

What experience 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

NEW CIT APPLICANTS ONLY – Please submit one written letter of reference with this application. The letter should be from a current or past employer, teacher, or counselor. Letters from relatives will not be considered.

NEW CIT APPLICANTS ONLY (*Returning CIT applicants do not need to complete the essays*) – on a separate paper, please write a brief essay answering **three** of the following questions (1 – 2 paragraphs per question). Include your essay with the application form:

- How do we want campers and their siblings to change as a result of camp?
- What things did you like best about camp when you were a camper? Which things were most important? Be as specific as you can.
- Think of the *best* camp counselor or teacher that you ever had when you were younger. What are the things that they DID that made you believe they were so good?
- Think of the *worst* camp counselor or teacher that you ever had when you were younger. What things did they DO or NOT DO that made you feel this way about them?
- Think of the best *listener* you've ever met? How did you know they were the best? In other words, what did they DO or NOT DO to make you believe they were such a great listener?
- What unique qualities would you bring to the Camp Hobé Counselor-in-Training program?

BACKGROUND CHECK – NEEDED FOR APPLICANTS WHO WILL TURN 18 BY MARCH 31, 2012

– This information is needed for conducting a criminal background check. It will be kept confidential.

Full Legal Name

Social Security Number

Other Names Used (include maiden names, married names, or aliases)

CONSENT FOR MEDICAL TREATMENT – The undersigned hereby grants permission to the medical staff or consulting physicians at Camp Hobé to administer medication and provide medical care, including any medical emergency care required. The undersigned gives consent for any emergency transportation deemed necessary.

MEDIA CONSENT – The undersigned hereby grants permission to Camp Hobé to photograph, use pictures or visual and audio tapes, or written materials for professional or fund raising activities through any medium including print, television, radio, or the Internet.

PROPERTY DAMAGE – The undersigned agrees to reimburse Camp Hobé for the cost of repairing or replacing facilities or property that is damaged by the undersigned.

RELEASE OF LIABILITY – The undersigned understands that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, and in consideration for participation at Camp, the undersigned hereby agrees to assume any and all, and to hold harmless Camp Hobé Inc., its officers and directors, and all Camp agents, representatives, employees, and volunteers, from any and all liability, claims for personal injury and/or property damage, costs, expenses, and damages arising out of, or connected in any way with, the undersigned's participation in camp activities. Further, the undersigned acknowledges that Camp Hobé accepts no responsibility for the loss, damage, or theft of any personal property. The undersigned agrees to indemnify Camp Hobé Inc., its officers, directors, and all Camp Hobé agents, representatives, employees, and volunteers, and hold them harmless from and against, and shall defend against, any and all claims and damages of every kind for injury to or death of any person or persons and for damage to and loss of property, arising out of or attributed, directly or indirectly, to the conduct of the undersigned at Camp Hobé.

MOTOR VEHICLE INFORMATION

Do you have a valid driver's license? (circle one) Yes No

If yes, provide the following information:

Driver's License Number

Class

State of Issuance

Expiration Date

Has your driver's license been suspended or revoked in the last three years? (circle one) Yes No

If yes, give details: _____

Note: a valid driver's license is NOT required for all Camp Hobé volunteers but may be required for placement in some positions, including medical staff, directors, and some program activity leaders.

