

Date Received \_\_\_\_\_

**COUNSELOR IN TRAINING (C.I.T.) APPLICATION**  
**CAMP HOBÉ 2007**  
**Children's Oncology Camp**  
**June 2 – 8, 2007**

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

***PERSONAL INFORMATION***

Last Name	First Name	Middle Initial	Nickname
Street Address		City	State      ZIP Code
Home Phone Number	Cell Phone Number	Work Phone Number	E-Mail
Profession		Employer	
Birth Date (needed for background check)			

***EMERGENCY CONTACT***

Name	Daytime Phone Number
Relationship	Evening/Other Phone Numbers

***MEDICAL / INSURANCE INFORMATION*** (To be used for special tests, treatments, X-Rays or medical consultations if necessary)

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

***ADDITIONAL INFORMATION***

Do you have any special dietary needs? Please explain and give specifics (vegetarian, vegan, lacto-ovo-vegetarian, food allergies, religious observances): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office use only:    New / Return      In-Person / Phone      Entered \_\_\_\_\_      Interview Prep \_\_\_\_\_

**EXPERIENCE and AREAS OF INTEREST**

Please indicate which areas would be of interest to you (circle ALL that apply).

Archery                      Arts & Crafts                      Dance                      Field Games

Theater                      Poetry / Writing                      Music                      Nature

Lifeguard – current certificate (include copy of current card with application)

Other (please describe): \_\_\_\_\_

List any special interests, skills, or workshops you would be willing to share at camp: \_\_\_\_\_

\_\_\_\_\_

Do you play a musical instrument? If yes, what kind and would you be willing to help at campfire? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

List any experiences you have had with children: \_\_\_\_\_

\_\_\_\_\_

Explain briefly why you would like to volunteer as a CIT: \_\_\_\_\_

\_\_\_\_\_

**NEW CIT APPLICANTS ONLY** (*Returning CIT applicants do not need to complete the essay*): 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:

- 1) How do we want campers and their siblings to change as a result of camp?
- 2) What things did you like best about camp when you were a camper? Which things were most important? Be as specific as you can.
- 3) 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?
- 4) 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?
- 5) 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?
- 6) What unique qualities would you bring to the Camp Hobé C.I.T. program?

**REFERENCES – ALL CIT APPLICANTS**

Please list three references below, such as a current or past employer, teacher, or counselor. **NEW CIT applicants must submit one (1) written letter of reference** with this application form.

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**CRIMINAL OFFENSES**

- 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):

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

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**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 for all volunteers or we cannot consider your application:**

- Signed application form (below).
- Copy of current certificate if you are CPR, First Aid, or lifeguard 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

**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.

\_\_\_\_\_  
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 15, 2007 to: Camp Hobé, PO Box 520755, SLC, UT 84152-0755.  
Please call us at 801-631-2742 if you have any questions.