

VOLUNTEER APPLICATION

CAMP HOBÉ 2010 Children's Oncology Camp

Please mark when you can volunteer. Rank your choices (1 = first, 3 = last) if you mark more than one.

_____ Kids Week (6 – 12 yr olds): June 13 – 18, 2010 (Note: Directors and area leaders arrive on June 12)

_____ Day Camp (4 – 7 yr olds): June 20 – 22, 2010

_____ Teen Week (12 – 19 yr olds): June 20 – 25, 2010

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 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.
- Volunteers must arrive onsite for training and orientation before the campers' arrival and stay until the final staff meeting. Directors and area leaders arrive Saturday 6/12 for Kids Week; all other Kids Week volunteers arrive Sunday 6/13. All volunteers arrive Sunday 6/20 for Teen Week and Day Camp. 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 their 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, 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: Lives in a cabin with individual groups of campers, serving as their counselor and leader throughout the session. The cabin counselor is responsible for monitoring the daily health and safety of each camper assigned, and identifying and meeting the campers' needs (ie, involve them in activities, promote friendship within group).

Activity Counselor: Develops and/or runs program activities for campers and counselors during activity periods, under the direction of the Activity Leader and Program Director. May also serve as night counselors, who bunk with a specific cabin group and help the cabin counselor during evening programs, mealtime, and other free times. Activity counselors may also 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.

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

Medical Staff: Responsible for the general welfare of all campers while in residence at Camp Hobé, the medical staff provides for normal daily needs, as well as first aid and emergency treatment for injuries and illnesses that may occur. Check your current licensure below and include photocopies of your current license, BLS certification, and driver's license.

- Physician Nurse Practitioner Physician Assistant Registered Nurse / Licensed Practical Nurse

Kitchen Staff: Responsible for preparing and serving meals for volunteers and campers during the camp session. Include a copy of any food handling or ServeSafe certificates. Please indicate your specific interest below.

- Head Cook (runs kitchen, supervises kitchen assistants) Kitchen Assistant Dishwasher

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? _____

Have you volunteered / worked at a summer camp before? Please give camp name(s) and location(s): _____

