



Contact us at: www.fruitvalley.org; mcgreeveyg@gmail.com; 360-921-5275

VOLUNTEER STAFF APPLICATION

Due By June 15, 2007

PERSONAL INFORMATION:

Name _____ Sex: M F

Current Address _____

City _____ State _____ Zip _____ Address Valid Until _____

Phone Evening (____) _____ Day (____) _____

Pager/Cell Phone _____ Email Address _____

How long have you lived at this address? _____

Permanent Address _____

City _____ State _____ Zip _____

Phone Evening (____) _____ Day (____) _____

How long have you lived at this address? _____

Will you be at least 18 years of age by the first day of camp? YES NO

Social Security # _____ Birthday Month/Day (example 09/26) ____/____

Drivers License # _____ State _____ Expiration Date _____

Is your driver's license in good standing? YES NO

Have you ever been convicted of a felony? YES NO If yes, please attach an explanation

How did you hear about STEP Camp? _____

T-shirt Size _____

Emergency Contact:

Name _____

Address _____

Phone _____ Relationship _____

List past experience with young people

| <u>DATES</u> | <u>ORGANIZATION</u> | <u>POSITION</u> | <u>PHONE</u> | <u>SUPERVISOR</u> |
|--------------|---------------------|-----------------|--------------|-------------------|
| | | | | |
| | | | | |
| | | | | |

EDUCATIONAL BACKGROUND:

| | School | Dates of Attendance | Degree/Diploma | Major | Minor |
|-------------|--------|---------------------|----------------|-------|-------|
| High School | | | | | |
| College | | | | | |
| Other | | | | | |

EMPLOYMENT HISTORY: List present or most recent first. Use an additional sheet if necessary. Include significant volunteer work.

| |
|---|
| Company Name and Address |
| Position Title and Description of Duties |
| Immediate Supervisor and Telephone Number |
| Dates and Number of Hours per Week |
| Reason for Leaving |

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Do you speak any language other than English? _____

Do you have emergency medical training? _____ If so, are you willing to use those skills during the camp? _____

Working with children from diverse backgrounds is a unique and challenging experience. It can create a variety of feelings and questions within yourself and your life. It is an essential part of the role of a Counselor to be aware of your own feelings.

The following questions will give you an opportunity to think about some of your previous experiences and reactions. Please consider these carefully, and then share your thoughts with us. Your responses will provide us with a better understanding of who you are and how you might deal with the responsibility of this role.

On a separate sheet of paper, please answer the following questions. Please type or print legibly. Staple responses to this application.

1. What experience do you have working with youth?
2. Have you ever attended summer camp before? If you answered yes, in what capacity?
3. What motivates your decision to be a volunteer at STEP Camp?
4. What contribution(s) do you think STEP Camp makes to the children it serves?
5. Describe a difficult situation you have encountered. How did you resolve it? How would you improve on your response given a similar situation?
6. Many of our campers come from challenging backgrounds. This can often create behavior management issues while at camp. What skills do you have that will help you and the campers have a safe and successful week?
7. Why do you want to make STEP Camp a priority this summer?
8. What extra curricular activities are you currently involved with? Are there other activities you have been involved with during the past few years? Have you held any offices or received any awards?

- Do you have a history of drug or alcohol abuse? YES NO
- Have you or are you in any drug or alcohol treatment program? YES NO
- Have you ever been treated for psychiatric or mental disorders? YES NO
- Are you taking any medication or do you have any physical limitations which would hinder your abilities to safely perform any of the duties of a counselor? YES NO
- Have you ever been convicted of, or are you presently under investigation for any matter related to child abuse, sexual misconduct, violence, and/or possession or use of illegal drugs or alcohol? YES NO

If you have answered "yes" to any of these questions, please provide details on a separate sheet of paper and staple your response to this application.

ACTIVITY SKILLS: (This section gives us an idea of your interests.) Please mark a "1" to items you have taught and "2" to items you are interested in instructing.

| | | | |
|---------------------|----------------------|---------------------------|-----------------|
| _____ Arts & Crafts | _____ Nature Studies | _____ Music | _____ Sports |
| _____ Drama | _____ Aquatics | _____ Dance | _____ First Aid |
| _____ Photography | _____ Ropes Course | _____ Other Living Skills | |

*Please describe your experience/skills: _____

CERTIFICATIONS:

If you hold any of the following certifications, please check and attach a copy of the certificate to this application. (These certifications are not required for volunteers.)

- _____ CPR
- _____ First Aid
- _____ Emergency Water Safety
- _____ Lifesaving (Type _____)
- _____ Water Safety Instructor
- _____ Others _____

Do you have any conflict which would prohibit your full participation in the session(s) you selected?

All volunteers must be at least 18 years of age to participate at STEP Camp.

***Please note age guidelines when making your choices on the following volunteer positions you would like to be considered. Position descriptions are also attached for your review.**

Signature Date

All of the information contained in this application is true and correct to the best of my knowledge. I understand that submitting false or misleading statements on this application or at any other point in the selection process may lead to rejection of my application or termination from placement in the STEP Camp volunteer program.

Signature Date