

CAMP DREAMCATCHER NEW COUNSELOR APPLICATION 2017

Dear Friend,

Thank you for your interest in Camp Dreamcatcher.

Camp Dreamcatcher 2017 will be held on the campgrounds of Camp Saginaw in Oxford, PA.

Camp Week: **Saturday August 19th to August 26th 2017**

In order to become a volunteer counselor, you must:

1. Complete the volunteer counselor application packet.
2. Attend all mandatory trainings. The first training will be in the early summer and the other is August 19th – 20th at Camp Saginaw.
3. Participate in an interview with a Camp Dreamcatcher representative.
4. Complete the necessary background checks, which may include, a PA criminal background check, PA child abuse clearance or FBI Clearance. *If you do have current PA criminal background or PA child abuse clearances, please send a copy of these to the camp office*

Your completed volunteer application packet should be completed by **June 1st, 2017**. Please mail, fax or email your application to:

**Camp Dreamcatcher
148 West State Street
Suite 104
Kennett Square, PA 19348**

FAX: 610-925-0403
campdreamcatcher@kennett.net.

When we receive your completed application, we will contact you for an interview.

I look forward to meeting you and working together to make Camp Dreamcatcher a success!

Sincerely,

Patty Hillkirk
Founder/Director

2017 Camp Dreamcatcher New Counselor Application: Volunteers ≥18 yrs old

Name _____ Date of Birth _____ Gender _____
Address _____ City _____ State _____ Zip Code _____
County _____ Home Phone # _____
Cell phone # _____ Email _____

Please list two emergency contacts:

1. Name _____ Relationship _____ Phone # _____
2. Name _____ Relationship _____ Phone # _____

Insurance Name and Policy Number

Physician(s) _____ **Phone#** _____

Address _____

Health History (Please write **YES** or **NO** and write **date affected**)

Frequent nose bleeds _____
Sinusitis _____
Asthma _____
Frequent Headaches _____
Ear Infections _____
Eye Trouble _____
Head Injury _____
Seizures _____
Pneumonia _____
Bleeding Disorder _____
Kidney Problems _____
Rheumatic Fever _____
Heart problem _____

Allergies and type of reaction:
Bee stings _____
Other Insect Bites _____
Hay Fever _____
Food _____
Drugs _____
Carries Epi-pen _____
Stomach Trouble _____
Skin Problems _____
Wear glasses/contacts _____
Anxiety _____
Depression _____
HIV _____ +

Please identify any current or recurring illnesses/injuries not listed above:

Please note any hospitalizations/surgeries (include dates and complications):

Our organization is dedicated to maintaining the privacy of your personal health information. We are also required by law to keep your information private. We will use the information we collect about you mainly to provide you care in case of an emergency during your time at Camp Dreamcatcher. You have the right to decline in completing this form and if you do so, it will not affect your volunteer status. Additionally, any information provided on this form, will not affect your volunteer status.

2017 Camp Dreamcatcher Authorization Form

This health history is correct and complete as far as I know.

I give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for person herein described as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes for emergency medical treatment that may be required during the week of camp.

In the event of a medical emergency, I hereby give permission to the camp medical personnel selected by the camp to secure and administer treatment including hospitalization.

I understand that Camp Dreamcatcher is not responsible for lost or stolen items during the week of camp.

Print Complete Name of Volunteer _____ **Date**

Signature of Volunteer _____ **Date**

Please print

Name _____ Full time Part time

Date of Birth _____ Race _____ Age _____ Sex _____

Place of Birth _____

Address _____

City _____ State _____ Zip _____

Home telephone _____ Work telephone _____ Best time to call _____

Email address _____ Cell phone _____

Place of employment _____

Title _____

Employment Address _____

City _____ State _____ Zip _____

Please give two professional references:

1. Name _____ Title _____

Address _____

_____ Phone number _____

2. Name _____ Title _____

Address _____

_____ Phone number _____

Education

Please circle the last completed: High School, Vocational Training, College, and Master's Program

School	Field	Years	Degree
_____	_____	_____	_____
_____	_____	_____	_____

Currently enrolled as a student at:

Major _____

Describe any additional training or education specific to children:

Describe any HIV/AIDS training you have participated in:

List your interest and hobbies:

Camp Experience: (camper, CIT, counselor, or employee. List most recent experience first)

Position	Camp	Director	Dates
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Describe any previous experience working with children who are infected or affected by HIV/AIDS:

Please explain in more detail the specific skills or talents that could contribute to the camp programming:

Why do you want to volunteer at Camp Dreamcatcher?

Areas of training/ special skills: (please check all that apply)

Arts and Crafts _____	Athletics _____
Zumba _____	Softball _____
Music _____	Lacrosse _____
Drawing _____	Volleyball _____
Painting _____	Swimming _____
Sketching _____	Track _____
	Soccer _____

Other _____

Do you swim? _____ Do you know sign language? _____

Do you speak a second language? _____ Please List _____

Certification and Expiration Dates:

Not mandatory

First Aid	_____
CPR	_____
Senior Life-Saving	_____
Water Safety Instructor	_____

*****If you have a copy of any of these certificates please attach to application.

What age group would you like to work with? (It is not guaranteed)

_____ Younger 5-10	_____ Older 11-13	_____ Teens 14-15
Leaders in Training _____ 16-17		

Would like to work with boys _____ or girls _____

Please list your shirt size: Small _____ Medium _____ Large _____ XLarge _____ XXLarge _____

POSITION YOU ARE SEEKING:

_____ Full-time Cabin Counselor (**staying the entire week and sleeping over in a cabin with campers**)

Part-time Counselor (part-timers will be assigned where needed)

_____ Part-time Cabin Counselor **days only**

_____ Part-time Cabin Counselor **staying over night**

Part Time Volunteer Days and Hours you are Available

_____ Saturday 8/19/17	_____ to _____
_____ Sunday 8/20/17	_____ to _____
_____ Monday 8/21/17	_____ to _____
_____ Tuesday 8/22/17	_____ to _____
_____ Wednesday 8/23/17	_____ to _____
_____ Thursday 8/24/17	_____ to _____
_____ Friday 8/25/17	_____ to _____
_____ Saturday 8/26/17	_____ to _____

The information requested below is necessary for grant/proposal writing for camp funding. Rest assured that all information is kept in a separate, confidential file. Your names and information will not be disclosed. Thank you for your cooperation.

Please check your monthly income.

\$ 0 - \$500 _____	\$2,112 - \$2,648 _____
\$501 - \$750 _____	\$2,649 - \$3,184 _____
\$751 - \$1,000 _____	\$3,185 - \$3,721 _____
\$1,001 - \$1,250 _____	\$3,722 - \$4,257 _____
\$1,251 - \$ 1,575 _____	\$4,258 - \$4,794 _____
\$1,576 - \$2,111 _____	\$4,795 - \$5,330 _____
How many people live in your household? _____	\$5,331 and up _____

Physical Disabilities _____ Please explain _____
 Mental Disabilities _____ Please explain _____

Race/Ethnic Group

_____ African American _____ Asian American/Pacific Islander _____ Native American
 _____ Hispanic American (Latino) _____ Caucasian _____ Other

APPLICATION AGREEMENT

I attest the information given in the application packet (volunteer application and volunteer health record form) is accurate and true. I understand that if I have falsified any information, I will not be considered for volunteer service or I will be dismissed. If I received assistance in completing my application, I had the person sign this agreement in addition to myself.

Signature

Date

Assistance provided by

Date

Printed Name + tel. # of assistant

Relationship to applicant

Information needed for clearances.

First Name: _____ Middle Name or Initial _____

Last Name _____ Date of Birth _____

Other names known by _____

Primary Telephone Number _____ Male _____ Female _____

Social Security Number _____

Current Address _____ Apt# _____ #of yrs, at this address _____

City _____ State _____ Zip Code _____

Previous Address _____ Apt.# _____ # of yrs at this address _____

City _____ State _____ Zip Code _____

Previous Address _____ Apt # _____ # of yrs _____

City _____ State _____ Zip Code _____

Email Address _____

Have you lived in state of Pennsylvania for the past 10 Years? ____ Yes ____ NO

Do you have a copy of your clearances that you are able to mail us ____ Yes ____ No

Please provide a list of people that you lived with in the past five years.

I hereby consent to this investigation and authorize Camp Dreamcatcher conduct the necessary clearances to work with children in the State of Pennsylvania. I understand that the Camp Dreamcatcher will not disseminate or share any information it receives with any third party, other than as may be required in it's normal course of business, or as required by law.

Signature _____

_____ Date

Directions to Camp Saginaw

740 Saginaw Rd., Oxford, PA 19363

**If using a GSP or Google Maps please use Camp Saginaw not
Camp Dreamcatcher address!**

from Philadelphia and suburbs

Take I-95 South and merge onto US Route 322 W via Exit 3A towards West Chester. Turn Left onto US-1 /Baltimore Pike/US-322, continue to follow Route 1. Take the PA 796 exit towards Jennersville. At the top of the ramp, turn Left onto N. Jennersville Rd./ PA 796. N. Jennersville Rd./ PA 796 N becomes Newark Rd./ PA 896. Turn Right onto Saginaw Rd. Turn slight Right to stay on Saginaw Rd. Your destination will be on your Right.

From South Jersey

Proceed South via I-295 to Commodore Barry Bridge. Merge onto I-95 South, continue on I-95 South until you merge onto US Route 322 W via Exit 3A towards West Chester. Turn Left onto US-1 /Baltimore Pike/US-322, continue to follow Route 1. Take the PA 796 exit towards Jennersville. At the top of the ramp, turn Left onto N. Jennersville Rd./ PA 796. N. Jennersville Rd./ PA 796 N becomes Newark Rd./ PA 896. Turn Right onto Saginaw Rd. Turn slight Right to stay on Saginaw Rd. Your destination will be on your Right.

From New Jersey and New York

Proceed South via the New Jersey Turnpike to exit #7. Follow signs to I-295 South. Proceed on I-295 South to the Commodore Barry Bridge and follow directions "From South Jersey".

From Harrisburg and Lancaster

From Harrisburg: Merge onto I-83 N toward Hershey/Airport. Merge onto I-283 S via Exit 46A towards I-76/Pennsylvania Turnpike/Airport/Lancaster. Merge onto PA-283 E via Exit 1A toward Airport/Lancaster. PA-283 E becomes US-30 E. From Harrisburg (continue directions below), From Lancaster (start directions here)-Turn Right onto Harman Bridge Rd. /PA-896. Stay straight to get on North Decatur St. N. Decatur St. becomes Mary Post Office Rd. Turn Right onto Valley Rd./PA-372. Continue to follow PA-372. Turn Left onto South Lime St./PA-472. Continue to follow PA-472. Turn Slight Right onto Pine St./PA-472. Turn Slight Right onto North 3rd St./PA-10/PA-472. Take the First Left onto Market St./PA-472. Turn Left onto Saginaw Rd. and your destination will be on your Left.

Patty Hillkirk's cell phone number is (610) 716- 0476