

**CAMP DREAMCATCHER MASSAGE STAFF  
VOLUNTEER APPLICATION**

Dear Friend,

Thank you for your interest in Camp Dreamcatcher. Massage therapists will be needed from **10 a.m. – 5 p.m. Monday, August 20<sup>th</sup> to Friday, August 24<sup>th</sup> at Camp Saginaw located at 740 Saginaw Rd., Oxford, PA 19363.** Enclosed you will find the 2018 Camp Dreamcatcher Massage Volunteer application.

In order to become a Massage Staff Volunteer, you must:

1. Complete the volunteer application packet.
2. Provide a copy of your certification or the name of the school you are attending.

Your completed volunteer application packet should be returned as soon as possible to:

**Camp Dreamcatcher  
148 West State Street  
Suite 104  
Kennett Square, PA 19348,  
ATTN: Patty Hillkirk or faxed to (610) 925-0403.**

If you have any questions about the enclosed information or about Camp Dreamcatcher, please contact Patty Hillkirk at 610-925-2998.

Please feel free to visit our website at [www.campdreamcatcher.org](http://www.campdreamcatcher.org)

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

Sincerely,

Patty Hillkirk  
Camp Dreamcatcher  
Founder/Director

# 2018 Camp Dreamcatcher Massage Volunteer Application

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Place of Birth \_\_\_\_\_ Social Security number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone #s: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Employer(s) \_\_\_\_\_

Employment Address \_\_\_\_\_

Position \_\_\_\_\_

## References:

Please provide two professional references (for new volunteers):

1. Name \_\_\_\_\_ Title: \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_

2. Name \_\_\_\_\_ Title: \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_

Educational Background: (name of schools, degrees, dates of graduation, etc.)

\_\_\_\_\_

\_\_\_\_\_

Describe any training/work with camps, children and/or persons with HIV/AIDS:

\_\_\_\_\_

\_\_\_\_\_

<u>Dates</u>	<u>Hours available:</u>
_____ Monday 8/20/18	_____ to _____
_____ Tuesday 8/21/18	_____ to _____
_____ Wednesday 8/22/18	_____ to _____
_____ Thursday 8/23/18	_____ to _____
_____ Friday 8/24/18	_____ to _____

You can volunteer one day or all week. Please notify us if you need to sleep over at the camp site so that we can assign you to a cabin. And remember to bring proper bedding. The first massage starts at 9:00 a.m. and the last massage will end at 6:00pm. Meals will be provided.

Please check if applicable:

Physical disability \_\_\_\_\_

Mental disability \_\_\_\_\_

**Please attach copy of certification**

**If you are a student please list the school and year you are currently attending.**

\_\_\_\_\_