

## CAMP DREAMCATCHER NEW COUNSELOR APPLICATION 2019

Dear Friend,

Thank you for your interest in Camp Dreamcatcher.

Camp Dreamcatcher 2019 will be held on the campgrounds of Camp Saginaw in Oxford, PA.

Camp Week: **Saturday August 17<sup>th</sup> to August 24<sup>th</sup> 2019**

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 17<sup>th</sup> – 18<sup>th</sup> 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 **July 9<sup>th</sup>, 2019**. 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](mailto: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

**2019 Camp Dreamcatcher New Counselor Application: Volunteers  
≥18 yrs old**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_ 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.

## 2019 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 \_\_\_\_\_ Gender \_\_\_\_\_

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** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone number** \_\_\_\_\_

2. **Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**Education**

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

<b>School</b>	<b>Field</b>	<b>Years</b>	<b>Degree</b>
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\_\_\_\_\_

\_\_\_\_\_

**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
_____	_____	_____	_____
_____	_____	_____	_____

**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 8/17/19	_____ to _____
_____ Sunday 8/18/19	_____ to _____
_____ Monday 8/19/19	_____ to _____
_____ Tuesday 8/20/19	_____ to _____
_____ Wednesday 8/21/19	_____ to _____
_____ Thursday 8/22/19	_____ to _____
_____ Friday 8/23/19	_____ to _____
_____ Saturday 8/24/19	_____ 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	_____
<b>How many people live in your household?</b> _____		\$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) \_\_\_\_ White \_\_\_\_ 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.

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**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 GPS 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 3<sup>rd</sup> 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*