

Give Siblings Their Right To Reunite!

2015 CAMP TO BELONG-WISCONSIN, INC.

VOLUNTEER APPLICATION
(Complete one application per volunteer)



CAMP ANOKIJIG, W5639 ANOKIJIG LANE, PLYMOUTH WI 53073
AUGUST 16 – 21

COUNSELORS ARRIVE FOR TRAINING FRIDAY, AUGUST 14TH IN THE EARLY EVENING
CAMPERS ARRIVE ON SUNDAY AFTERNOON AUGUST 16TH
LAST DAY OF CAMP IS FRIDAY AUGUST 21ST

Counselor training is mandatory and vital to the success of our program

PRINT CLEARLY

DATE OF APPLICATION: _____
NAME: _____ **AKA:** _____
Maiden Name (if applicable): _____
ADDRESS: _____
CITY: _____ **STATE** _____ **ZIP** _____
LENGTH OF RESIDENCY: _____
HOME PHONE () _____

WORK PHONE () _____
CELL PHONE () _____
E-MAIL ADDRESS: _____
SOCIAL SECURITY NUMBER: _____
DATE OF BIRTH: _____
PLACE OF BIRTH: _____
GENDER: _____

ARE YOU BILINGUAL? Yes _____ No _____ If yes, please list those languages that you are proficient in: _____

DRIVER'S LICENSE (#, STATE ISSUED BY, AND EXPIRATION DATE): _____
Has your driver's license ever been suspended or revoked? Yes _____ No _____
If yes, attach a signed document indicating the nature and circumstances of the action taken against you.

Have you ever been convicted of a crime? (Exclude any minor traffic violations for which the fine was \$200 or less before April 5, 2005) Yes _____ No _____

Have you ever been arrested for a crime? Yes _____ No _____
If yes, attach a signed document indicating the nature and circumstances of the crime(s).

Camp To Belong requires background checks and clearances for all volunteers through the Department of Justice, Child Abuse Index and/or Investigative firms. Do you give Camp To Belong consent to obtain these clearances with regards to you serving as a volunteer at Camp To Belong Summer Camps? Yes _____ No _____

Residency History:

Current address:
Address: _____
City: _____ State: _____ Zip: _____
Length of Residency: _____

Previous address to current residence::
Address: _____
City: _____ State: _____ Zip: _____
Length of Residency: _____

Employment History:

Present

Employer: _____ Position: _____
Address: _____ Phone: _____
Supervisor: _____

Last 2 Employers

Employer 1: _____ Employment length: _____
Position: _____
Responsibilities: _____

Reason for leaving: _____

Employer 2 : _____

Employment length: _____

Position: _____

Responsibilities: _____

Reason for leaving: _____

Education:

Educational Institution & Degree(s) held: _____

Field of study: _____

If student, list school currently attending: _____

Year in school: _____

Health:

Date of last TB test: _____

Health status: _____

Do you have any health issues that would pose a risk to campers or staff? _____ If yes, please elaborate: _____

Do you have any health issues that would prevent or limit your participation in camp activities? _____ If yes, please elaborate: _____

Do you have current CPR training: _____ Expiration date: _____

Do you have current First Aid Training: _____ Expiration date: _____

Volunteer Experience:

Are you volunteering as a paid representative of your agency or business?

Yes _____

No _____

Are you volunteering on your personal time? Yes _____ No _____

Please list all past and current volunteer experiences:

1. _____ 2. _____

_____ 3. _____

_____ 4. _____

How did you find out about Camp To Belong-Wisconsin, Inc. and what interested you in volunteering with Camp To Belong Summer Camps?

Have you had any experience with children in foster care, adoption or kinship care?

Have you received specific training on appropriate ways to restrain youth?

Yes _____ No _____ If yes, please include verification of training.

Camp To Belong is always in need of volunteers to assist in camp activities and year-round activities. Please check those areas you would be interested in assisting.

- ___ Art Programs (assist precamp also in gathering materials)
- ___ Younger youth art expression day
- ___ Life Seminar for 14+ (preparing youth for adult life workshop)
- ___ Community Awareness and presentations
- ___ Coordination for Birthday Shopping and pre-camp party decoration collection.
- ___ Thank you notes
- ___ Theme Night helper (decorations and preparation)
- ___ Signage and Posters for Camp
- ___ Song Leader for Camp
- ___ Cabin Decoration Lead
- ___ Phone call assistance to campers and providers pre-camp
- ___ Special Events Coordinator or Assist
- ___ Social Media and PR/Media assistance
- ___ Other, _____

References:

List three persons, not relatives, who have knowledge of your character, experience, and ability to work with Camp To Belong Summer Camps. *IT IS YOUR RESPONSIBILITY TO MAKE COPIES OR EMAIL THE ENCLOSED REFERENCE SHEET AND FORWARD THEM TO YOUR REFERENCES. IF MAILING A HARD COPY YOU MAY WANT TO INCLUDE AN ENVELOPE FOR THEM TO RETURN DIRECTLY TO CAMP TO BELONG TO EXPEDITE THE PROCESS.*

Name: _____ Relationship: _____
Years acquainted: _____

Name: _____ Relationship: _____
Years acquainted: _____

Name: _____ Relationship: _____
Years acquainted: _____

Emergency Information:

In the case of an emergency, please list those individuals we should contact.

Name: _____ Relationship to you: _____
Address: _____
Phone Number: _____

Name: _____ Relationship to you: _____
Address: _____
Phone Number: _____

I understand the opportunity to participate in Camp To Belong Summer Camp is a volunteer position, and therefore money for services will not be exchanged. If I am traveling to a camp site outside of my home geographic area, I understand I am responsible for all transportation costs to and from Summer Camp.

Signature of APPLICANT: _____

I understand that I will participate in volunteer training starting with reviewing documents that may come through regular mail and e-mail prior to camp, as well as attend on-site pre-camp training as included in the days for camp noted above.

Signature of APPLICANT: _____

I authorize investigation of all statements herein and release Camp To Belong and all others from liability in connection with it. I understand that if I am chosen to volunteer, it will be at-will, and any agreement to the contrary must be in writing and signed by Camp To Belong. I also understand that untrue, misleading or omitted information herein or in other documents completed by the applicant will result in dismissal regardless of the time of discovery by Camp To Belong.

APPLICANT'S SIGNATURE: _____

Applications and Reference Questions are due to Kate or Rob Bauer by April 1st, 2015

PLEASE NOTE: WE WILL CONTACT YOU TO CONFIRM RECEIPT OF APPLICATION. A FURTHER Phone INTERVIEW WILL be scheduled with you and TAKE PLACE ONCE ALL THREE REFERENCE LETTERS ARE RECEIVED.

Camp To Belong is a non-profit, tax-exempt organization and gives equal opportunity to all volunteers.

Return your electronic application to: camptobelongwisconsin@gmail.com
Or mail to: Camp To Belong-Wisconsin, Inc.
P.O. Box 321
Fond du Lac, WI 54936-0321

Camp To Belong-Wisconsin, Inc. Volunteer Reference Questions

_____ is applying to be a volunteer counselor at a Summer Camp session for Camp To Belong and has listed you as a reference. Camp To Belong is a non-profit organization dedicated to reuniting brothers and sisters placed in separate foster homes or other out-of-home care (www.ctb-wi.org). Our counselors spend a week with the siblings in a camp environment. We would appreciate it if you would answer the following questions and send the form back to us within ten days of receipt. Feel free to use an additional sheet of paper if necessary. Your responses are valuable to our screening process and will not be shared with others or the applicant. **Please return the form to Camp To Belong-Wisconsin, Inc. Attention Robbie Bauer, FDL Department of Social Services 87 Vincent Street Fond du Lac, WI 54935 or send via email to camptobelongwisconsin@gmail.com**

Thank you very much for your time.

1. How long have you known the applicant, and in what capacity?

2. Have you seen the applicant interact with children? If yes, what stands out?

3. Is the applicant a leader/initiator or a follower?

4. Is the applicant self-motivated, or does he/she need others for motivation?

5. How does the applicant handle conflict?

6. Would you consider the applicant to be flexible? Responsible? Loyal?

7. Does the applicant have a sense of humor?

8. Does the applicant like individuality and/or to be part of a team?

9. What kind of patience level does the applicant have?

10. Why do you think the applicant wants to be a counselor?

11. Would you recommend the applicant to take care of your children? To be a counselor at camp?

PLEASE PRINT NAME: _____

SIGNATURE: _____

MAY WE CONTACT YOU IF WE HAVE ADDITIONAL QUESTIONS? YES _____ NO _____

IF YES, BEST NUMBER OR E-MAIL TO REACH YOU () _____