

CAMP DREAMCATCHER NEW COUNSELOR APPLICATION 2010

Dear Friend,

Thank you for your interest in Camp Dreamcatcher.

Camp Dreamcatcher 2010 will be held on the camp grounds of Westtown Boarding School in Westtown, PA.

Camp Week: **Saturday August 14th – Saturday August 21st, 2010.**

In order to become a volunteer counselor, you must:

1. Complete the volunteer application packet.
2. Provide consent for a county criminal check and national sex offender search.
3. Participate in a personal interview.

*Camp Dreamcatcher requires all returning and new counselors as well as medical volunteers to complete a criminal record check each year prior to the week of camp. We use Sterling Testing Systems, Inc. to run a county criminal check and a national sex offender search for each volunteer. Further information and a consent form from Sterling Testing are attached.

Your completed volunteer application packet should be completed by **May 1st, 2010**, but I recommend as soon as possible, as we fill up quickly. Please mail applications to:

Camp Dreamcatcher
617 West South Street
Kennett Square, PA 19348

or FAX to (610)925-0403.

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

If you have any questions about the enclosed information or about Camp Dreamcatcher, please contact Patty Hillkirk, Executive Director by phone 610-925-2998 or e-mail: campdreamcatcher@kennett.net also, please feel free to visit our website at www.campdreamcatcher.org.

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

Sincerely,

Megan Perigo
Camp Dreamcatcher Program Director

2010Camp 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 # _____

In case of emergency:

Insurance Name and Policy Number

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

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

Frequent nose bleeds _____	<i>Allergies and type of reaction:</i>
Sinusitis _____	Bee stings _____
Asthma _____	Other Insect Bites _____
Frequent Headaches _____	Hay Fever _____
Ear Infections _____	Food _____
Eye Trouble _____	Drugs _____
Head Injury _____	Carries Epi-pen _____
Seizures _____	Stomach Trouble _____
Pneumonia _____	Skin Problems _____
Bleeding Disorder _____	Wear glasses/contacts _____
Kidney Problems _____	Anxiety _____
Rheumatic Fever _____	Depression _____
Heart problem _____	HIV + _____

Comments

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

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

Activity restrictions: _____

Please list any special needs: _____

2010 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 _____ Social Security Number _____
(needed for background check)

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 training you have received in HIV/AIDS:

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 _____
Beadwork _____
Gymnastics _____
Drawing _____
Painting _____
Sketching _____
Leather _____
Ping Pong _____

Athletics _____
Softball _____
Canoeing _____
Volleyball _____
Swimming _____
Track _____
Soccer _____

Fine Arts _____
Scenery _____
Music _____
Make-up _____
Dancing _____
Costumes _____
Group Games _____

Other Interests:

Nature/ Outdoors _____
Camping/ Hiking / Backpacking _____
Horseback riding _____
Song leading _____
Journalism _____
Photography _____

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

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

_____ Sunday 8/15/10	_____ to _____
_____ Monday 8/16/10	_____ to _____
_____ Tuesday 8/17/10	_____ to _____
_____ Wednesday 8/18/10	_____ to _____
_____ Thursday 8/19/10	_____ to _____
_____ Friday 8/20/10	_____ to _____
_____ Saturday 8/21/10	_____ 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

Camp Dreamcatcher
617 W. South Street
Kennett Square, PA 19348
Office: (610) 925-2998 FAX: (610) 925- 0403
Email: campdreamcatcher@kennett.net
Website: www.campdreamcatcher.org

I understand that Camp Dreamcatcher ('COMPANY') will utilize the services of STERLING INFOSYSTEMS, INC. DBA STERLING TESTING SYSTEMS, INC., 249 West 17th Street, New York, NY 10011 ('STERLING'), as part of the procedure for processing my application for volunteer employment. I also understand that if my application for employment is granted, COMPANY may obtain further information through subsequent investigations by STERLING so as to update, renew or extend my employment, to the extent permitted by law.

The pre or post-employment investigation also may include obtaining information relating to criminal records without any time limitations, subject to state law.

I acknowledge that I have received the attached summary of my rights under the Fair Credit Reporting Act, even though a credit report will only be generated with my prior approval, on a separate form therefore. I understand if I disagree with the accuracy of any information in any report, I must notify COMPANY within five business days of my receipt of the report that I am challenging the accuracy of the information contained in such report with STERLING and advise COMPANY as to the basis of my challenge.

In exchange for COMPANY's consideration of my employment application, I agree not to file or pursue any complaints, claims or legal actions of any kind against STERLING for providing the aforementioned information. I also agree not to file or pursue any complaints, claims or legal actions against COMPANY or any of its employees, representatives, or agents arising out of or in any way related to conducting a background investigation.

I am consenting that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any entity which may provide information based on this authorized request.

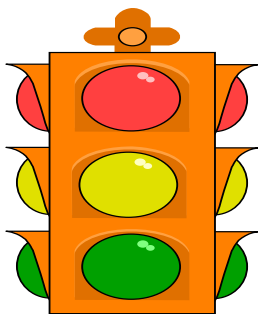
In order to verify my identity for purposes of the background investigation I am voluntarily releasing my date of birth, social security and the other information on this page for my own benefit and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

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 _____
Email Address _____

I hereby consent to this investigation and authorize Camp Dreamcatcher to procure a county criminal record check and a national sex offender search on my background using the services of Sterling Testing Systems, Inc. I understand that the company 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 of signature



Directions to WESTTOWN SCHOOL

975 Westtown Road, Westtown, PA 19395

From Philadelphia and Suburbs

Take Route 202 South to the Westtown Road Exit (near West Chester, PA). At the bottom of the ramp/traffic light, make a left and head east on Westtown Road for approximately 2.5 miles. The main entrance will be on the left.

From Philadelphia Airport, Northeast Philadelphia and Northern Suburbs:

Take I -95 South to Route 476 North to Exit for Broomall/Newtown Square (Route 3). Make a left from the exit onto Route 3 West. In approximately 9 miles, turn left onto Route 926 (Street Road) and proceed west on Route 926. From the intersection of Route 926 (Street Road) and Route 352, proceed on Route 926 West to the traffic light at Westtown Road. The South entrance will be approximately 0.6 miles (Straight at stop sign) and the Main Entrance will be approximately 0.8 miles (make a left at the stop sign) on your right.

From South Jersey

Proceed South via I 295 to Commodore Barry Bridge. Follow 322 West, left onto U.S. Route 1 South to Route 202 North. Proceed north on Route 202 to Route 926 (Street Road). Turn right onto Route 926 (Street Road) and proceed east. Proceed on Route 926 East 2.1 miles to the traffic light at Westtown Road. Make a left onto Westtown Road. The South entrance will be approximately 0.6 miles (straight at the stop sign) and the Main Entrance will be approximately 0.8 miles (make a left at the stop sign) on your right.

From Central and Northern New Jersey and New York

Proceed South via New Jersey Turnpike to exit #7. Follow signs to I – 295 South. Proceed on I 295 South to the Commodore Barry Bridge. Follow directions “*From South Jersey*”.

From Lancaster and Vicinity Westtown

From the center of Oxford, take Route 1 North, continuing to Route 202 North. *Follow directions “From Route 926 and Route 202 Intersection” above.*

From Baltimore, Washington and South.

I 95 North to Route 202 North

Follow directions “From Route 926 and Route 202 Intersection” above.

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

Megan Perigo’s cell number is (610) 329-1587