

Volunteer Staff Application



General Information

Name:	Date of Birth:	19 or older at time of camp? <input type="checkbox"/> yes <input type="checkbox"/> no
Street Address:		
City:	State:	Zip:
Summer Address (if different than above):		
Home Phone:	Cellular / Digital Phone:	
Email Address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number:	Tee Shirt Size (adult):	

Position Desired

Read below for available positions. Then, to the left of each description in the space provided, please indicate the position in which you are applying for by placing a ✓. If you are interested in more than one position, please number in order of preference.

<input type="checkbox"/>	<p>Counselor positions are typically the most rewarding camp experiences for staff members. Each counselor will be assigned to a camper or small group of campers depending on the needs of the children and youth. He or she will accompany the camper(s) to all of the daily activities and will stay overnight with the children in the air-conditioned cabins. This is a unique opportunity for students or professionals that work in the special education field to experience, (to a very small extent) what it is like to live with a person with an autism spectrum disorder. Life long friendships often develop during this experience and many have described it as one of the most valuable of their lives.</p> <p>Are you able to stay overnight for the entire session? <input type="checkbox"/> yes <input type="checkbox"/> no (please list exceptions):</p>																
<input type="checkbox"/>	<p>An activity facilitator will plan and facilitate daily activities for the campers in his or her area and/or areas of expertise (i.e. sensory, art, social development, campfire songs, music activities, yoga, relaxation strategies, self-advocacy, self-esteem, etc.). To accommodate all campers, there will be four to six, one-hour sessions per day. Overnight stay is not necessary but <u>may</u> be available. If you are interested in this role, please indicate your area(s) of expertise:</p> <table border="0"> <tr> <td><input type="checkbox"/> Camp Songs</td> <td><input type="checkbox"/> Drama / Theater</td> <td><input type="checkbox"/> Sports and Games</td> <td><input type="checkbox"/> Music / Musical Instruments</td> </tr> <tr> <td><input type="checkbox"/> Social Development</td> <td><input type="checkbox"/> Stress Management</td> <td><input type="checkbox"/> Sensory</td> <td><input type="checkbox"/> Arts and Crafts</td> </tr> <tr> <td><input type="checkbox"/> Fishing</td> <td><input type="checkbox"/> Self-Esteem / Self-Awareness</td> <td><input type="checkbox"/> Nature</td> <td><input type="checkbox"/> Yoga</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Other:</td> </tr> </table>	<input type="checkbox"/> Camp Songs	<input type="checkbox"/> Drama / Theater	<input type="checkbox"/> Sports and Games	<input type="checkbox"/> Music / Musical Instruments	<input type="checkbox"/> Social Development	<input type="checkbox"/> Stress Management	<input type="checkbox"/> Sensory	<input type="checkbox"/> Arts and Crafts	<input type="checkbox"/> Fishing	<input type="checkbox"/> Self-Esteem / Self-Awareness	<input type="checkbox"/> Nature	<input type="checkbox"/> Yoga	<input type="checkbox"/> Other:			
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<input type="checkbox"/>	<p>The photographer will be in charge of taking and printing pictures of daily activities using the camp's digital camera. He or she may also be asked to help create a slideshow for the last day of camp. Overnight stay is not necessary but <u>may</u> be available.</p>																
<input type="checkbox"/>	<p>We will have a separate cabin where two to three medically trained professionals will reside overnight to assist with medical needs. These individuals will be in charge of collecting and distributing prescription and over-the-counter medications.</p> <p>Are you able to stay overnight for the entire session? <input type="checkbox"/> yes <input type="checkbox"/> no (please list exceptions):</p>																
<input type="checkbox"/>	<p>Numerous details go into preparing for Camp Encourage. We are in dire need of volunteers willing to assist with camp preparation. This may involve creating visual supports, loading and unloading the numerous materials and supplies needed for camp, shopping for snacks and other needed consumables. Days and times can be flexible depending on your schedule.</p>																

About You

To allow us to further get to know you and your abilities, please provide information in the space allotted. Feel free to attach a sheet of paper for additional space.

If you have served as a volunteer at Camp Encourage in the past, you may disregard this portion of the application and proceed to Page Three.

1. How did you hear of Camp Encourage and why did you decide to apply for a position?

2. Describe your experience serving children and adolescents with autism spectrum disorders. Please include ages, settings, and degree of disability.

3. Describe your camp experience (as a camper and/or counselor).

4. Describe your teaching and/or work experience and standard of proficiency in the area you teach or work.

5. Do you have any health problems that would require special accommodations or otherwise limit your work at camp?

6. Is there any other information that you would like to convey about your qualifications and/or experience which would have a bearing on this application?

7. Although NOT required, do you hold any additional certifications such as American Red Cross (or equivalent), Water Safety, Life Guarding, First Aid, and/or CPR certifications? If so, please list.

Accommodations and Assignments

For purposes of cabin living and group assignments, please number the spaces in order of preference of ages of children you wish to work beside (1 indicating most preferred).

eight to nine ten to eleven twelve to thirteen fourteen to eighteen

Also, please indicate: male female no preference

Volunteer Training

All volunteers will go through an orientation scheduled for the evening of July 7, 2010. Please mark your calendar.

Will you be able to attend this mandatory orientation? yes no
(If not, there will be another scheduled for the Tuesday evening prior to camp, July 27th.)

As part of the orientation, do you feel you need and/or would benefit from training focused on autism spectrum disorders? yes no

Personal References

Please provide the following contact information for two persons who can serve as your professional references. Please give names of persons who have observed your work or worked closely with you for at least one year. These references should not include relatives, personal friends, or family members. If you are currently a student, please make certain that at least one reference is a professor or program advisor. **If you have served as a volunteer at Camp Encourage in the past, you may disregard this portion of the application.**

First Reference:

Title:

Relationship to Applicant:

Organization / Institution / Company:

Phone Number(s):

Second Reference:

Title:

Relationship to Applicant:

Organization / Institution / Company:

Phone Number(s):

Background Verification

Have you had a background check recently? Yes No

If so, through what employer / organization and when?

Confidentiality Agreement

I have expressed interest in a participation opportunity at Camp Encourage. I understand that during the course of this experience, interactions with individuals and youth with autism spectrum disorders, their families, and review of private records will occur. Information about campers is confidential and is not to be used for any personal or private use. No identifying information about campers is to be revealed in subsequent discussion or writing about the camp experience. Such discussion and writing is to be only for professional growth. Disclosure of additional information or prior knowledge of these individuals by volunteers or staff members in other roles or settings is not to occur. Interactions and records may include but are not limited to student intervention techniques, health history, and social, economical, or emotional information.

I have read the above and agree to respect the confidential nature of all information obtained during the course of this experience.

Applicant's Signature:

Date:

Liability Waiver

As a volunteer or staff member for Camp Encourage, I understand that I hereby agree to waive any claim for liability against the Camp Encourage or Tall Oaks Conference Center based on injury arising out of participation in any activities during the camp session(s). This is a voluntary release for any and all future injuries or accidents arising out of participation in any activities of Camp Encourage. The undersigned is aware of the risks of attending, traveling to and from, and participating in all camp events and hereby assumes all risks.

I have read and understand all of the above.

Applicant's Signature:

Date:

Emergency Contact Information

Please provide contact information for two individuals we can contact should any of the above risks result in accident.

Name:
Relationship:
Day Telephone:
Evening Telephone:
Pager or Cellular Number:

Name:
Relationship:
Day Telephone:
Evening Telephone:
Pager or Cellular Number:

Course Credit

There may be course credit offered through this experience.

I may be interested in obtaining college credit if made available. Please contact me with further information.

Refundable Application Fee

Please submit a \$25.00 check with your application. If you are not selected to serve as a volunteer, your check will be returned. If you are selected, your check will be held onto until the end of camp. After serving your role during Camp Encourage, your check will be returned to you. If for any reason and if at any time, you are required to cancel and will not be able to fulfill your commitment, (thus hindering the number of volunteers we have supporting our special campers), your \$25.00 will be deposited.

Enclosed is my \$25.00 check.

Application Deadline and Notification Regarding Status

This must be submitted by **April 1**. After receiving completed applications, interviews may be conducted prior to making final decisions. You will be notified as to your acceptance as a volunteer staff member by **April 15**. Please realize that although you are applying to be a volunteer, the number of campers accepted to Camp Encourage is dependent on your commitment (thus, the sooner we receive your application, the sooner we know how many campers can attend due to the amount of qualified volunteers). Should any questions arise prior to your notification, feel free to contact Camp Encourage at camp.encourage@sbcglobal.net or 816.830.7171.

Submitting Your Completed Application

Please send your application as soon as possible to assist with planning. Mail no later than **April 1, 2010** to: Camp Encourage, P.O. Box 10433, Kansas City, Missouri 64171.