

HOPE'S CROSSING CAMP**COUNSELOR APPLICATION**

Susan Pierce

P.O. Box 4423, Tulsa, OK 74159

918-857-3931 hopencrossingcamp@gmail.com

DATE OF APPLICATION _____**Please attach a current photo here**Volunteers are **REQUIRED** to attend **ORIENTATION** on Sunday before first day of camp.

Camp is Mon – Fri, 8:30am – 5pm (not overnight). Volunteers receive 50 hours of community service.

CAMPER AGE PREFERENCE: age 9-11 _____ age 12-15 _____**CAMPER DISABILITY PREFERENCE:** physical _____ cognitive _____

Name:		Date of Birth:		M or F:	
Home Address:		City:		State:	Zip:
Cell Phone:		Date your summer break begins:			
Email:					
Social Security Number:		Drivers License #:		State:	
Complete this section if you are a minor (under 18)					
Parent or Guardian Name(s):					
Parent Address:		City:		State:	Zip:
Parent Phone:		Parent email:			

Education

	School Names	Dates Attended	Diplomas, Awards, Honors	Major
High School				
College				
College				
Educational/Technical Training				
Other				

Employment Background

Please begin with your most recent or present experience

	Employer	Phone	Position	Dates Worked
1				
2				
3				

Experience

Please answer the following questions on a **SEPARATE** sheet of paper.

IF YOU ARE A RETURNING VOLUNTEER: Please tell us what you have been doing for the past year; what you have learned; and why you want to volunteer again.

IF YOU ARE NEW: Please explain or describe your personal values, your priorities for your life, and a challenge you overcame or a success you achieved and what you learned.

IF YOU ARE NEW: Have you ever been a camper anywhere? If yes, where and when?

IF YOU ARE NEW: Why do you want to work at Hope's Crossing? What experience do you have that may have prepared you to be a counselor for youth with disabilities?

ALL APPLICANTS: Do you have any special skills, interests or talents that you could share with our campers? Do you play a sport or music or are you artistic?

Personal Reference

Print the attached reference form – we require **ONE** character reference. This reference should **not** be a **relative** but can be a pastor, Sunday school teacher, church friend, school teacher, coach, or supervisor.

Please complete the necessary information on the reference form and provide your reference with a stamped envelope addressed to: Susan Pierce, Hope's Crossing Camp, P.O. Box 4423, Tulsa, OK 74159.

Reference Information

Name: _____ Position: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

I give Hope's Crossing Camp permission to contact the above reference. YES _____ NO _____

Please sign the following statement: "I understand that if hired, I will participate in volunteer ORIENTATION on the Sunday before camp starts, and I am available and willing to volunteer for one full week of camp. I certify that the answers given in this application are true and complete to the best of my knowledge.

Signature _____ Date _____

GENERAL POLICIES AND GUIDELINES FOR HOPE'S CROSSING CAMP VOLUNTEERS

Hope's Crossing volunteers are a family of committed Christians who are excited about serving special needs youth in an environment of sports, activities, and outdoor experiences. It works because of God's power within us and with each volunteers' love for the campers to the point of an every-hour-of-every-day commitment.

Personal Character

- We ask that all volunteers of Hope's Crossing Camp to agree to abstain from the use of any alcohol or tobacco products of any kind during their term of employment.
- We expect all volunteers' actions to reflect the character traits of integrity, loyalty, purity and honesty. As a volunteer of Hope's Crossing Camp your actions are a reflection of the Camp and you will be expected to conduct yourself as an appropriate role model for our campers.

Counselor/Camper Interaction

- We expect our volunteers to maintain proper supervision of all campers. For everyone's safety, this includes guarding against situations where you are alone (isolated from view of anyone else) with any camper.
- Volunteers will use positive techniques of guidance; including redirection, anticipation of and elimination of potential problems, positive reinforcement and encouragement. We do not permit physical discipline.
- We do not tolerate abuse with any camper, including physical, verbal, sexual, or mental/emotional abuse. Hope's Crossing Camp fully complies with all local, state, and federal requirements regarding child abuse and reporting suspected abuse or neglect. All volunteers will be required to cooperate fully with these guidelines.

By signing this form below, you acknowledge and agree to the above listed terms.

Name (PRINT CLEARLY)

Signature

Date

BACKGROUND RECORDS RELEASE FOR HOPE'S CROSSING CAMP VOLUNTEERS

PLEASE READ BEFORE SIGNING

In Hope's Crossing Camp's effort to attract the highest quality staff and volunteers, I have been advised that as a part of the application process for employment with Hope's Crossing Camp, an extensive inquiry may be made concerning my prior employment, activities, character, and health. I give full consent to and authorize all such inquiries.

In the event of my employment by Hope's Crossing Camp, I will comply with all policies set forth in the Staff and Volunteer Manual and with other policies established from time to time by Hope's Crossing Camp. Additionally, I authorize Hope's Crossing Camp to request my employment record from my former employer(s). I further understand Hope's Crossing Camp may make inquiries to any governmental agency, including law enforcement agencies or departments, or any other party with legal and proper interest. I hereby waive any right to claim any request or investigation is an invasion of my privacy, since they are made with my consent, and it is my interest that I be considered for employment.

I certify all statements made by me on this application are true and complete to the best of my knowledge, and I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts could exclude my being considered for employment or, after employment, would be cause for termination of employment with Hope's Crossing Camp.

I understand and agree that if I am employed as a volunteer, my employment would be solely an "employment at will" giving either me or Hope's Crossing Camp the right to terminate my employment at any time without liability or obligation.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND THAT I VOLUNTARILY SIGN THE RELEASE FORM.

PRINT CLEARLY

Last Name	First Name	Middle (full)
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Date of Birth _____	Social Security No. _____	
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Signature	Date
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If applicant is under 18 years of age, please have parent/guardian complete below:

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND THAT I VOLUNTARILY SIGN THE BACKGROUND RECORDS RELEASE FORM ON BEHALF OF MY CHILD/MINOR.

Last Name	First Name	Middle (full)	Relationship to applicant
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Signature	Date
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