



# COUNSELOR/VOLUNTEER APPLICATION

APPLICATION DATE: \_\_\_\_\_

Return application to: Camp Watcha Wanna-Do, PO Box 11166, Fort Wayne, IN 46865-1166

## APPLICANT INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment/Unit# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Social Security No. \_\_\_\_\_ DOB\* \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Day Ph \_\_\_\_\_ Evening Ph \_\_\_\_\_

Former cancer patient? Yes  No

Ever attended CWWD? Yes  No  If so, when? \_\_\_\_\_ As a: Camper  Sibling/Friend  Counselor

\*DOB is needed to complete criminal background check.

## EDUCATION\*

High School \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? Yes  No  Degree \_\_\_\_\_

College \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? Yes  No  Degree \_\_\_\_\_

Other \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? Yes  No  Degree \_\_\_\_\_

\*Counselors must have completed high school to apply for a position.

## REFERENCES

Please list three personal references (other than relatives) that we may contact who have knowledge of your character, experience and ability.

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**OTHER**

Do you have any dietary restrictions? \_\_\_\_\_

Indicate T-shirt size preference S  M  L  XL  XXL  3XL

Rank 1 through 4 the age groups for which you would *prefer* to be a counselor (1 is the highest)

7-8 years: \_\_\_\_\_ 9-10 years: \_\_\_\_\_ 11-12 years: \_\_\_\_\_ 13 and over: \_\_\_\_\_

List special interests, skills, or workshops you would be willing to share at camp:

\_\_\_\_\_  
\_\_\_\_\_

What contributions do you think you can make to fulfill the needs of children with cancer?

\_\_\_\_\_  
\_\_\_\_\_

What experiences have you had with cancer or with cancer patients?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical background?

\_\_\_\_\_  
\_\_\_\_\_

List any experiences you have had with children:

\_\_\_\_\_  
\_\_\_\_\_

Explain briefly why you want to be a part of Camp Watcha Wanna-Do:

\_\_\_\_\_  
\_\_\_\_\_

**BACKGROUND**

**CRIMINAL RECORD**

Have you ever been convicted of a felony or misdemeanor other than a minor traffic offense? Yes  No

If so, please attach explanation.

**HARASSMENT**

Camp Watcha-Wanna-Do's policy is to prohibit all forms of harassment by our staff and volunteers. This includes sexual, racial, religious, and other forms of harassment.

Have you ever been accused of harassment of any person including but not limited to, work-place harassment? Yes  No

If so, please attach explanation.

All volunteers/counselors must give authorization to Camp Watcha Wanna-Do to submit a Request for Adult Criminal History Information with the Indiana State Police. If the potential volunteer/counselor resides outside of the State of Indiana, a request will be sent to the State of residency.

### **CRIMINAL HISTORY INQUIRY FEES**

All fees associated with Criminal History Inquiries will be paid for by Camp Watcha Wanna-Do.

### **CRIMINAL HISTORY REPORTS**

All criminal history reports will be sealed and kept confidential by the Administrative Coordinator of Camp Watcha Wanna-Do.

Should a potential staff member, volunteer, or board member receive an unfavorable report, he/she will receive a letter declining his/her service to Camp Watcha Wanna-Do, along with a copy of the criminal history report.

### **AUTHORIZATION TO CHECK CRIMINAL RECORDS**

I, \_\_\_\_\_, hereby authorize Camp Watcha Wanna-Do to obtain information pertaining to any charges I may have for federal and state criminal law violations. This information will include convictions committed upon minors and adults, and will be gathered from any law enforcement agency of this state or any other state or federal government to the full extent permitted by law.

I understand that such access is for the purpose of considering my application as a counselor and that I expressly DO NOT authorize the camp, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if volunteer is a minor) \_\_\_\_\_ Date \_\_\_\_\_

### **CONSENT FOR MEDICAL TREATMENT**

The undersigned hereby grants permission to the medical staff or consulting physicians at Camp Watcha Wanna-Do to administer medications and provide medical care, including any medical emergency care required. The undersigned also gives consent for emergency transport deemed necessary.

### **MEDIA CONSENT**

The undersigned hereby grants permission to Camp Watcha Wanna-Do to photograph, use pictures or visual and audio tapes, or written materials for professional or fund-raising activities through any medium including print, television, radio or the Internet.

### **PROPERTY DAMAGE**

The undersigned agrees to reimburse Camp Watcha Wanna-Do for the cost of repairing facilities or property that is damaged by the undersigned.

### **RELEASE OF LIABILITY**

The undersigned understands that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, and in consideration for participation at Camp, the undersigned hereby agrees to assume those risks and to hold harmless Camp Watcha Wanna-Do, Ltd, and all Camp agents, representatives, employees, and volunteers from any and all liability, claims for personal injury and/or property damage, costs, expenses, and damages arising out of, or connected in any way with, my participation in camp activities. Further, the undersigned acknowledges that Camp Watcha Wanna-Do accepts no responsibility for the loss, damage, or theft of my personal property.

I certify that all the information I have provided on this application is true. I understand that falsification, misrepresentation, or omission of any information is grounds for refusal to accept my counselor application or to terminate my counselor status.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if volunteer is a minor) \_\_\_\_\_ Date \_\_\_\_\_