

  
**CAMP BRIGHT FEATHERS**  
C/O YMCA Camp Ockanickon, Medford, NJ  
Celebrating Our 18<sup>th</sup> Season

Dear Camp Bright Feathers' Applicant,

Thank you for interest to volunteer at Camp Bright Feathers. The YMCA Camp Ockanickon in collaboration with Center for Family Services needs your help by volunteering as a Camp Counselor or Medical Staff for a week long residential camping experience for children and young teens between the ages of 7 and 15 who are infected or affected by HIV/AIDS. The Role of the Camp Counselor is to provide leadership, mentorship and guidance to campers. While at camp, you and the campers will enjoy a week of swimming, boating, arts and crafts, camp songs and much more. The ultimate goal of the camp is to let "Kids be Kids." Your interest in volunteering will make it possible for Camp Bright Feathers to bring in over 100 children from the local area to share in a fun camping experience at no cost to their parents.

**Camp Bright Feathers' volunteers possess the following qualifications:**

- Enthusiasm, patience and flexibility
- Desire and ability to work with children
- Demonstrate no hesitation about working with children with HIV/AIDS
- Demonstrate good problem solving skills
- Ability to endure stressful situations
- Act as positive role models

**Below are the requirements to be a volunteer**

- Volunteers must be 18 years or older to apply
- Complete a Camp Bright Feathers' Volunteer Application along with 3 written recommendations
- Criminal Background Clearance (Background check authorization is enclosed)
- Complete an interview
- Attend 2 Day training before the start of camp (August 1, 2009 and August 22, 2009)

**Instructions to Becoming a Volunteer**

- Complete and Mail to Camp Bright Feathers the Volunteer Application along with signed Background Check Authorization, Volunteer Authorization and Waiver.
- Request 3 non-relatives to complete a written recommendation and mail back to Camp Bright Feathers
- Once we receive your completed application and 3 recommendations, we will contact you to set up an interview
- Complete the 2 Day Training
- Volunteers are accepted based on demonstrating volunteer qualifications, successful completion of requirements and a cleared background check.

**Camp Bright Feathers Dates and Times**

**Volunteer Interviews:** To be announced and arranged with the volunteer

**Pre-Camp Training (Day 1):** Saturday, August 1, 2009 from 9:30 to 4:30 at YMCA Camp Ockanickon

**Pre-Camp Training (Day 2) and Volunteer Move-In Day:** Saturday, August 22, 2009 at 10:00am

**Camp is in Session from:** August 23 to August 28, 2009 (Note; volunteers are in session from August 22 to August 28, 2009)

**Mailing Address and Information Camp Bright Feathers**

c/o Center for Family Services

17 S. Delsea Drive

Glassboro, NJ 08028

Telephone: 856-881-5511 Ext. 116 Fax: 856-881-5582

Email: [campbf@centerffs.org](mailto:campbf@centerffs.org)

Sincerely,  
Barbara Maronski, Camp Director

## Camp Bright Feathers General Volunteer Responsibilities

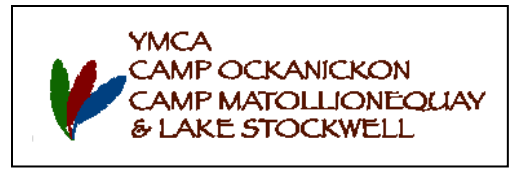


**General Responsibilities:** To provide leadership and guidance to the campers. Counselors are assigned to a cabin. The ratio of Counselor to Camper is 2 to 6. Counselors are under the direct supervision of the Village Chief.

### **Duties:**

1. Primary responsibility is to **ensure the safety** of each camper. Counselors are expected to provide leadership and guidance.
2. To ensure their **campers are on time** for all activities.
3. To **assist program leaders** in the management of all activities. You are expected to ensure the campers are listening, playing safe and not wandering around. You may be expected to assist in an activity.
4. To **encourage campers** to participate in activities. If they choose not to try an activity, explore options to keep them a part of the group. Ex. If they refuse to play kick ball, make them a score keeper.
5. All **counselors are expected to participate in activities**. Participation can include organizing the campers, refereeing, being on a team, doing arts and crafts projects, etc. Just like the campers, you are expected to look for ways to be a part of the activity. Please do not sit off to the side during activities. Campers will follow your lead.
6. To **ensure the personal hygiene of the campers**. To ensure campers are brushing their teeth, washing hands, bathing daily, etc. Please do not assume campers will be responsible for these things especially younger campers.
7. Prepare and **maintain clean living facilities** and bathroom facilities throughout the week. To assist with clean up at the completion of camp. Counselors are expected to remain a minimum of 3 hours after camper departure on the last day.
8. **Be aware** of the location of assigned campers at all times.
9. **To assist in the management of the dining hall**. To ensure the noise level is low, campers are following dining hall rules and eating appropriately.
10. **Ensure campers get to the infirmary on time for their medications.**
11. **To create** small activities for down time with your cabin.
12. **To encourage campers to follow the rules.** (See Camper Rules)
13. To **provide positive role modeling at all times**. Campers will follow what you do, NOT what you say! Ex. If you don't follow the traffic pattern in the dining hall, you can bet your campers won't either.
14. Prepare necessary reports as required by the Village Chief or Camp Director.

# Camp Bright Feathers Volunteer Application



Please print all information.

Date: \_\_\_\_\_  New Volunteer  Returning Volunteer: Year you last volunteered: \_\_\_\_\_

Notice: If you volunteered the previous year, you may complete the rehire application. If you did not volunteer the previous year, your application status is considered new. You must complete all requirements for new volunteers.

## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Intl: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Best time to contact you: \_\_\_\_\_

Are you at least 18 years of age?  Yes  No Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

High School Students, what is your grade level? \_\_\_\_\_

T-shirt Size (Staff Shirts): Small Medium Large X-Large XX-Large XXX-Large Other: \_\_\_\_\_

Race/Ethnicity (Optional, for statistical purposes only):

- African American/Black  Asian American/Pacific Islander  Hispanic/Latino  
 Multi-Ethnic  Native American  White  Other: \_\_\_\_\_

## Volunteer Position

I am interested in applying for (please check the appropriate box(es):

- Cabin Counselor** - Full time overnight staff 18 years of age or older. Provides leadership and guides the cabin group (6 campers) in daily activities.
- Village Counselor** - Part time or full time volunteers. Provides assistance with campers in cabins and/or village activities where needed.
- Support Staff** - Part time/full time volunteers. To provide administrative duties, and/or activity prep/cleanup.
- Village Chief/LIT/CIT Chief** - Full time volunteers with CBF experience. To oversee and provide leadership to counselors and campers in an assigned village. Must be willing to work throughout the year in planning and developing.
- Activity Counselor** - Full or part time volunteers. Facilitates special activities for the whole camp.  
Example: Provides quiet activities for campers who need a rest from more active games.
- Youth Leadership Counselor** - Full time overnight staff only with experience working with teens. Camp Bright Feather experience will be considered. Provides leadership training, facilitates group activities and supervises the teens in the leadership programs. Must be willing to meet and plan activities pre-camp.
- Medical Staff** - Doctors, Nurses, Physician Assistants to work in the infirmary. Must have a valid NJ license.

Volunteer Status: **Full Time** (Staying entire week)  **Part Time** (Camp will work with your availability)

I prefer to work with the following age group(s). (CBF will make every attempt to place you in the groups you request. However, our first goal is to ensure all villages have the appropriate number of counselors. Volunteers will be assigned to campers of the same gender unless we are understaffed in a village or special arrangements are needed.)

Check all that apply:  7-8 year olds  9-10 year olds  11-13 year olds  14-15 year olds

**Becoming a Volunteer**

Why do you want to be a volunteer at YMCA/Camp Bright Feathers? \_\_\_\_\_

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

**Education and Training**

	<b>Name and Location</b>	<b>Years Completed</b>	<b>Major</b>	<b>Degree</b>
<b>High School/GED</b>				
<b>Business Trade or Tech School</b>				
<b>College/University</b>				
<b>College/University</b>				

List any training, education, seminars or workshops you received specific to HIV/AIDS

<b>Title of Workshop</b>	<b>Provider</b>	<b>Dates</b>

List any training, education, seminars or workshops you received specific to Children

<b>Title of Workshop</b>	<b>Provider</b>	<b>Dates</b>

**Work Experience**

List 2 previous positions beginning with the most recent employer.

1. Name of Employer: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Your job title: \_\_\_\_\_ Date of Employment: From \_\_\_\_\_ To: \_\_\_\_\_  
Duties performed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

2. Name of Employer: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Your job title: \_\_\_\_\_ Date of Employment: From \_\_\_\_\_ To: \_\_\_\_\_  
Duties performed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Camp and Youth Experience**

List 3 most recent experiences working or attending a camp (Camper, counselor, employee)

Camp	Dates	Position	Name of Director

Describe any experiences working with youth: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any experience working with children, adults or families infected or affect by HIV/AIDS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At the end of camp, how do you want campers and co-counselors to describe your performance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Dietary Needs

YMCA cannot guarantee the provisions of special diets. Every effort is made to have a vegetarian option at all meals. Storage and refrigeration is available for those who need to bring special foods. Please check all that apply.

I am a vegetarian     I am a vegan     I will need refrigeration for storage of food.

### Criminal Background Information

Have you ever been convicted of a crime?     No     Yes (answering yes will not be an automatic bar to volunteering)

If yes, under what name were you convicted, what was the nature of the offense as well as when, where and disposition?

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All volunteers will have a criminal background check performed on them. The results of these background checks will be kept confidential and may not affect acceptance of your application. **You have the right to refuse a criminal background check, but your application for YMCA's Camp Bright Feathers will not be accepted.**

### References

List 3 references from non-relatives that will be providing the written recommendation. Applicants are advised that the YMCA/Camp Bright Feathers intends to contact any/all of the references listed on this application. Three reference forms are attached. Please sign the waiver and provide the references listed below with a form to be completed and mailed directly to YMCA/Camp Bright Feathers by the reference.

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Best time to contact reference: \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Best time to contact reference: \_\_\_\_\_

3. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Best time to contact reference: \_\_\_\_\_

**Camp Skills**

Fill in the box that best rates your level of experience with the activities listed below using the following rate chart.

	1	2	3	4	5
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canoeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kayaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horseback Riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenge Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Archery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts & Crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music or Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Ed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backpacking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Level of Experience Rate Chart**  
 1. No experience  
 2. Little experience  
 3. Some experience  
 4. Sufficient experience  
 5. Sufficient experience to instruct

Specify: \_\_\_\_\_  
 Specify: \_\_\_\_\_  
 Specify: \_\_\_\_\_  
 Specify: \_\_\_\_\_  
 Specify: \_\_\_\_\_

Do you speak any foreign languages fluently?  No  Yes List: \_\_\_\_\_

Are you fluent in American Sign Language?  No  Yes

**Certifications**

Put an "X" next to certifications and trainings you have, list the certifying agency and the certification expiration date.

<input type="checkbox"/> Standard First Aid	Certifying Agency _____	Exp. Date: _____
<input type="checkbox"/> Advanced First Aid	Certifying Agency _____	Exp. Date: _____
<input type="checkbox"/> Wilderness First Aid	Certifying Agency _____	Exp. Date: _____
<input type="checkbox"/> EMT	Certifying Agency _____	Exp. Date: _____
<input type="checkbox"/> Adult CPR	Certifying Agency _____	Exp. Date: _____
<input type="checkbox"/> Infant/Child CPR	Certifying Agency _____	Exp. Date: _____
<input type="checkbox"/> Low Ropes Training	Certifying Agency _____	Exp. Date: _____
<input type="checkbox"/> High Ropes Training	Certifying Agency _____	Exp. Date: _____

**Additional Information**

What prompted your application to volunteer with YMCA/Camp Bright Feathers (choose all that apply)

- Advertisement: \_\_\_\_\_  Article: \_\_\_\_\_  
 Friend/relative who volunteered at camp  I am a former camper  I am a former CIT  
 School/College: \_\_\_\_\_  Other: \_\_\_\_\_

## Volunteer Application

### Equal Opportunity

The YMCA Camp Ockanickon, Inc considers all applications for employment or volunteering without regard to race, color, religion, sex, national origin, age, physical or mental disability, or status as a Vietnam era or special disabled veteran or other protected classification and in accordance with applicable laws.

### Our Values

We value the following attributes in personal character and ethical behavior and believe that they are essential to attaining our mission.

- Caring:** To be sensitive, understanding and responsive to the well-being of self and others.  
**Honesty:** To be truthful, trustworthy, sincere and fair in word and action.  
**Respect:** To value the worth or person and property. Treating others as you would have them treat you.  
**Responsibility:** To recognize, accept, and fulfill the obligation to contribute to a better society.

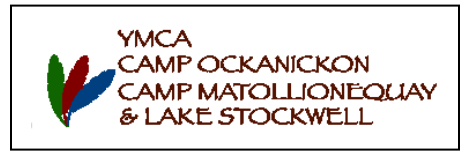
### Authorization

I understand and agree that any volunteer positions I might obtain with the YMCA/Camp Bright Feathers Program shall be on an “at will” basis, meaning that either I or the YMCA may terminate the employment relationship at any time, for any reason or no reason, and with or without notice, without incurring any obligation or liability, that this agreement super cedes and all prior agreements or representations made between me and the YMCA/Camp Bright Feather Program, and that this agreement may only be modified by a writing that is signed by the President and that specifically refers to this Agreement. I further state that all the information contained in this application is true and correct, and expressly authorized the investigation of all statements or answers to questions contained in this application. I understand and agree that any misrepresentation or omission of facts in this application shall be grounds for rejecting the application, or, if discovered after hiring for volunteer position, shall result in immediate dismissal.

I understand that any offer to volunteer is conditioned upon my successful completion of a criminal background check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YMCA Camp Ockanickon, Inc  
Camp Bright Feathers, VOLUNTEER REFERENCE FORM**



**Applicants:** Please sign the waiver on the reverse side of this form. Give the signed reference form to your reference asking them to fill it out completely and mail it to the address listed on page two of the reference form. Three different references are required. Volunteering will not be offered without three completed references being returned to us on your behalf.

**Applicant's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

- 1. **How well do you know this person?**     Acquaintance Only     Fairly well     Very well
- 2. **Does the applicant deal well with responsibilities and day to day problems?**  
 Rarely     Sometimes     Usually/Almost always
- 3. **To the best of your knowledge, does the applicant use or abuse drugs or alcohol?**     No     Yes
- 4. **Would the applicant conscientiously assume responsibility for guiding a child's growth?**  
 Might not     Sometimes     Usually     Constantly     Don't know
- 5. **Would you be happy to have this person as your child's counselor?**     No     Yes    Please elaborate:

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- 6. **Do you know of any reason why this person might not serve well on a child-care staff?**     No     Yes

**Please elaborate:** \_\_\_\_\_

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**The YMCA and Camp Bright Feathers is committed to building character in our staff and the people we serve, specifically the values of Honesty, Caring, Respect and Responsibility. Please comment on the applicant's character relative to:**

**Honesty:** \_\_\_\_\_

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**Caring:** \_\_\_\_\_

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**Respect:** \_\_\_\_\_

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**Responsibility:** \_\_\_\_\_

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**YMCA Camp Ockanickon, Inc  
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Put an "X" in the box that best rates your opinion. 10 strongly agree through 1 strongly disagree or DNA (do not know). Based on your experiences with the applicant, you feel that he/she is:

	10	9	8	7	6	5	4	3	2	1	DNA
Willing to cooperate with others											
Alert and shows good judgment											
Emotionally mature for his/her age											
Able to see tasks through to completion											
Neat in personal appearance											
A self-starter and shows initiative											
Caring and patience with children											
Capable of assuming leadership in groups											
Able to follow instructions and procedures											
Able to get along with peers											
Able to accept guidance											
Tactful in relations to others' feelings											
Dependable											

**Information about the person providing the reference**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Best time to contact you: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Relationship to applicant: \_\_\_\_\_ Years known applicant: \_\_\_\_\_  
 Reference's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Thank you for taking the time to evaluate our applicant. Your insights are highly respected and will be noted. Thank you also for your prompt return of your reference form, as the applicant's request to volunteer cannot be processed further without your response.

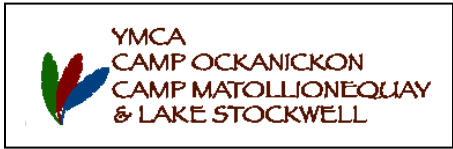
**Applicant's Waiver**

I, the undersigned applicant, do waive my right or review of this recommendation. I understand that the contents are confidential and will not be available to me now or in the future.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Return Reference Form (after completion) to:  
 Center for Family Services  
 Attn: Barbara Maronski, Camp Director  
 17 S. Delsea Drive  
 Glassboro, NJ 08028

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**7. How well do you know this person?**  Acquaintance Only  Fairly well  Very well

**8. Does the applicant deal well with responsibilities and day to day problems?**

Rarely  Sometimes  Usually/Almost always

**9. To the best of your knowledge, does the applicant use or abuse drugs or alcohol?**  No  Yes

**10. Would the applicant conscientiously assume responsibility for guiding a child's growth?**

Might not  Sometimes  Usually  Constantly  Don't know

**11. Would you be happy to have this person as your child's counselor?**  No  Yes Please elaborate:

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

**12. Do you know of any reason why this person might not serve well on a child-care staff?**  No  Yes

**Please elaborate:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Honesty:** \_\_\_\_\_  
\_\_\_\_\_

**Caring:** \_\_\_\_\_  
\_\_\_\_\_

**Respect:** \_\_\_\_\_  
\_\_\_\_\_

**Responsibility:** \_\_\_\_\_  
\_\_\_\_\_

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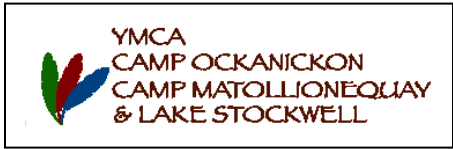
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**15. To the best of your knowledge, does the applicant use or abuse drugs or alcohol?**  No  Yes

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**17. Would you be happy to have this person as your child's counselor?**  No  Yes Please elaborate:

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**Respect:** \_\_\_\_\_

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**Responsibility:** \_\_\_\_\_

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Tactful in relations to others' feelings											
Dependable											

**Information about the person providing the reference**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Best time to contact you: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Relationship to applicant: \_\_\_\_\_ Years known applicant: \_\_\_\_\_  
 Reference's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Thank you for taking the time to evaluate our applicant. Your insights are highly respected and will be noted. Thank you also for your prompt return of your reference form, as the applicant's request to volunteer cannot be processed further without your response.

**Applicant's Waiver**

I, the undersigned applicant, do waive my right or review of this recommendation. I understand that the contents are confidential and will not be available to me now or in the future.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Return Reference Form (after completion) to:  
 Center for Family Services  
 Attn: Barbara Maronski, Camp Director  
 17 S. Delsea Drive  
 Glassboro, NJ 08028

**RELEASE AND WAIVER OF LIABILITY/INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any on or off-site program or activity affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY ON OR OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and their personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

4. The YMCA is not responsible for lost, stolen, or damaged personal articles and or property. I/ We grant permission for the staff members of the YMCA to search my camper's belongings or personal property. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I grant YMCA Camp Ockanickon, Inc. full rights to copyright, exhibit, and publish in any medium including, but not limited to, editorial, illustration, promotion, advertising, Internet, or trade all photographs taken by the YMCA and its agents of me and/or my child while the child is participating at the YMCA's events. I HAVE READ AND AM VOLUNTARILY SIGNING THIS RELEASE:

\_\_\_\_\_  
Signature of Applicant                      Date

\_\_\_\_\_  
Print Name

# YMCA Camp Ockanickon, Inc. Background Checks Authorization Form for background screening provided by backgroundchecks.

- I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that backgroundchecks.com, on behalf of YMCA Camp Ockanickon, Inc. may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with YMCA's consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with YMCA Camp Ockanickon, Inc. and give my full consent for this information to be obtained.
- II. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.
- III. I understand that if I am a resident of **Minnesota/Oklahoma (only)** I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box .
- IV. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by backgroundchecks.com to furnish the information described in Section I.
- V. Communications with backgroundchecks.com should be directed to PO Box 353, Chapin SC 29036 or (866) 300-8524.

## CANDIDATE COMPLETE THE FOLLOWING:

Signature	Today's Date		
Print Name: (First)	(Middle)	(Last)	(Maiden)
Other Names Used			
Current Address Since: (Mo/Yr)	(Street)	(City)	(State/Zip)
Current Address Since: (Mo/Yr)	(Street)	(City)	(State/Zip)

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Date of Birth	Social Security Number
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Have you ever been convicted of a crime?  No  Yes If yes, please provide city and state of conviction and details of conviction.

Male  Hispanic or Latino  White  Black or African American  Asian  Two or more races

Female  Native Hawaiian or other Pacific Islander  American Indian or Alaska Native

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights, laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

**FAIR CREDIT REPORTING ACT NOTICE:**  
 In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, backgroundchecks.com cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. backgroundchecks.com's policy requires purchasers of these reports to have signed a Service Agreement. This assures backgroundchecks.com that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact backgroundchecks.com.

**NOTICE TO CALIFORNIA CANDIDATES**  
 You have a right to obtain a copy of any consumer report or investigative consumer report obtained by (INSERT COMPANY NAME) by checking the box provided below. The report will be provided to you within (3) business days after we receive the requested reports related to the matter investigated.

I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by backgroundchecks.com during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at backgroundchecks.com in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.