

# 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.
- Activity Support 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 work throughout the year in planning and developing activities.
- Medical Staff** - Doctors, Nurses, Physician Assistants to work in the infirmary. Must have a valid NJ license.

## Volunteer Status:

- Full Time** (Staying entire week/overnight)  **Part Time** (Camp will work with your availability)

I prefer to work with the following age group(s). Check all that apply:

- 7-8 year olds  9-10 year olds  11-13 year olds  14-15 year olds

**Education and Training**

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

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

Title of Workshop	Provider	Dates

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

Title of Workshop	Provider	Dates

**Work Experience**

List 2 previous positions beginning with the most recent employer.

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

**Work Experience (continued)**

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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?

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

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. One can be from a family member and the other two, non-family. 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: \_\_\_\_\_

## Additional Information (continued)

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

CAMP BRIGHT FEATHERS  
Our 17<sup>th</sup> Season



## 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: \_\_\_\_\_