

Camp Funshine

A Free Summer Camp for Children with Cystic Fibrosis
P.O. Box 576, Pea Ridge, Arkansas, 72751
www.CampFunshine.com



Staff / Counselor Application

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Hm. Phone: _____ Work Phone: _____

Cell/Pgr.: _____ E Mail: _____

Personal Information

Date of Birth: _____ Age: _____ Sex: Male Female

Marital Status: _____ (single, married, divorced, separated, widow)

Social Security #: _____ DL #: (_____)
state

Height: _____ Weight: _____

Adult T-Shirt Size: Small Medium Large XL XXL

What position are you applying for?:
(Please Circle One) Staff Member General Counselor
Counselor-in-Training Peer Counselor
(CF age 16-20) (CF age 20+)

What age group are you most comfortable with?:
(Please Circle One) Age 6 - 8 Age 9-10
Age 11-15 No Preference

Do you have a Pulmonary Disorder, or any other disability, that should be noted?: Y / N

If yes, what? _____

Are you a tobacco user?: (Smoking, Chewing Tobacco, etc.) Y / N

Are you currently under criminal investigation, or have ever been convicted
of a misdemeanor or felony? Y / N

If yes, Please indicate the date and nature of the record: _____

I understand that the camp will contact the appropriate agencies if I have answered "YES" to the previous question, and I give them permission to do so.

General Information

Briefly describe your formal educational background:

(Schools with Dates Attended, Degrees, Present School Status, etc.): _____

What courses have you had in Camping, Counseling, or First Aid?: _____

Previous Camp Staff / Counselor Experience:

Position	Year (s)	Camp Name	Type of Camp	Director's Name

Have you ever been a camper? Y / N *If yes, Where?:* _____

If you are a Returning Staff Member, please answer the following:

How many years have you attended Camp Funshine? _____

Why do you want to return to Camp Funshine? _____

If you are a New Applicant, please answer the following:

1.) What are your reasons for wanting to volunteer at this type of summer camp?

2.) Do you have any experience working with children? *If yes, please explain:*

3.) Have you ever worked with a chronically-ill child? *If yes, please explain:*

4.) How did you find out about Camp Funshine?

Certificates and Licenses

When applicable, please attach copies of the following documents and cards.

Please make sure to mark all that apply.

Nursing:

_____ Student
_____ LVN
_____ RN
_____ Other

Respiratory Therapist:

_____ Student
_____ RRT
_____ CRTT
_____ CPFT/RPFT

Other Certifications:

First Aid:

_____ Red Cross
_____ Other

CPR:

_____ Red Cross Certified
_____ American Heart Assoc. Certified

_____ Exp.Date
_____ Exp.Date

Lifesaving/Lifeguard:

_____ Advanced Lifesaving
_____ Water Safety Instructor
_____ Lifeguard Certification

Swim Level:

_____ Exp.Date
_____ Exp.Date
_____ Exp.Date

_____ Beginner
_____ Intermediate
_____ Advanced
_____ Teaching Ability

Abilities, Interests, and Hobbies

Arts & Crafts

_____ Ceramics/Clay Art
_____ Drawing/Cartooning
_____ Painting
_____ Leather
_____ Wood Working
_____ Clear Casting
_____ Beading/Jewelry Making
_____ Other - _____

Camping Specifics & Skills

_____ Horseback Riding
_____ Fishing
_____ Nature Games
_____ Overnight Camping
_____ Golf Cart Driving
_____ Maintenance Engineer
_____ Clerical/Office Work
_____ Other - _____

Recreation/Athletics:

_____ New Games
_____ Archery
_____ Canoeing
_____ Tubing
_____ Volleyball
_____ Other - _____

Any Other Skills, Please List:

Personal References

(Not former employers and/or relatives)

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone #: _____	Phone #: _____
_____	_____
_____	_____
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone #: _____	Phone #: _____
_____	_____
_____	_____

Applicant's Statement

I authorize the references, listed in this application, to give you any information they may have regarding my character and fitness for children's/youth work. I release all such references from liability for any damages that may result from furnishing such evaluations to you, and I waive any right that I may have to inspect references on my behalf.

Should my application be accepted, I agree to be bound by the Rules, Regulations, and Policies of Camp Funshine, and to act in accordance with those in the performance of my services, on behalf of the camp.

I hereby attest and certify, that I have never been convicted of nor pled guilty to: child abuse, endangering children, gross sexual imposition, voyeurism, public indecency, any offense of violence, or any existing or former offense of any municipal corporation, any state, or any other nation that is substantially equivalent to any of the above offenses. (If you have been convicted or/or pled guilty to any of the above offenses, and wish to explain the circumstances thereof, please do so on a separate sheet of paper) I further certify that I have never been discharged from employment of a volunteer position because of any activity of the foregoing.

I hereby authorize any present or former employer, person, firm, corporation, physician, or government agency to answer any and all questions, and to release or provide any information within their knowledge or records, and I agree to hold any and all of them harmless and free of any liability for releasing any truthful information records that is within their knowledge and records. I further authorize Camp Funshine to conduct a check of my police criminal records and agree that I will fully cooperate in providing all information and signing all documents necessary to conduct such a check.

I hereby attest and certify, that the above information provided by me is true and correct to the best of my knowledge. I understand that misrepresentation of omissions may disqualify my application or result in my immediate dismissal if I am already serving in a children's/youth related program.

Applicant's Signature

Date

Emergency Information

Emergency Contact: _____ Relationship To Applicant: _____

Home Phone: _____ Work Phone: _____

Cellular/Pager Number: _____

Doctor's Name: _____ Office Number: _____

Address: _____ Emergency Number: _____

City: _____ State: _____ Zip Code: _____

Insurance Carrier: _____ Policy Number: _____

CIDCS Number: _____ Medicaid Number: _____