

Camp No Worries
New Volunteer Application
YMCA of Burlington County

Complete and mail to:
Camp No Worries
YMCA of Burlington County
59 Centerton Road
Mt. Laurel, NJ 08054

GENERAL INFORMATION

Name: _____ Male _____ Female _____

All applicants are required to be at least 19 years of age or older. Can you prove you are at least 19 years old? Please circle **YES** **NO**

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Work / School Phone: _____

Cell phone: _____

I prefer to be called on my _____ cell phone _____ home phone _____ work/school phone

Best time to call (please check) Day: _____ Evening: _____ Anytime: _____

Place of Employment / School:

Title:

Employer / School Address:

City: _____ State: _____ Zip: _____

Do you want materials mailed to: Home _____ or Work / School _____

*****Please indicate specifically where you can best be reached*****

EMERGENCY INFORMATION

Person to contact in the event of an emergency:

Name: _____ Relationship: _____

Home Phone: _____ Alternate #: _____

Name: _____ Relationship: _____

Home Phone: _____ Alternate #: _____

Please Note: Once on site at camp, all counselors/staff must sign-in, label and keep any and all medications in the camp infirmary!

CAMP EXPERIENCE

Position	Camp	Director	Dates
_____ /	_____ /	_____ /	_____ /
_____ /	_____ /	_____ /	_____ /
_____ /	_____ /	_____ /	_____ /

GENERAL QUESTIONS

Why do you want to volunteer with Camp No Worries?

What outstanding qualities do you possess that would help you contribute to Camp No Worries?

What areas of camp do you feel you would excel at if you were chosen as a volunteer for Camp No Worries and why?

SPECIAL SKILLS and Leadership:

Please check 3 areas below which you feel you excel as a leader and would not mind being called upon to help out if necessary:

Arts and Crafts _____	Land sports _____	Nature _____
Magic _____	Swimming _____	Music _____
Teambuilding _____	Group Games _____	Archery _____
Song leading _____	Photography _____	Theater/Dance _____
Teambuilding _____	Cooking _____	Other _____

Please explain any of the checked activities if you feel that more information would be helpful to us in our programming.

Are you fluent in a language other than English? If yes, please specify:

VOLUNTEER PREFERENCE

Position you are available for (Please check):

Full-time Cabin Counselor (must be available for the entire week overnight, including mandatory orientation the Saturday before campers arrive)

Please check your age group preference (for various reasons, not all preferences can be accommodated):

Young (6-9) Middle (10-12) Old (13-16)

Program Head (Arts and Crafts, Nature, Landsports, Archery)

Assistant Program Director (assisting the Program Director with daily and evening activities)

Medical Staff - Qualifications: _____

Medical staff must provide proof of certification. Please attach to application

Meal Team (Food Services Coordinator, Day/Evening shift coordinators)

Inclusion Counselor (assisting with the 1:1 needs of a special needs child)

Lifeguard (see below)

Please check if you are certified in any of the following:

Lifeguard

First AID

CPR

EMS

Water Safety Instructor

Other, please explain: _____

Must provide proof of certification with application

Please explain any limitations you foresee that would inhibit your abilities to be a volunteer.

Please use the following space to offer Camp No Worries any additional information you feel would be helpful.

Tee-shirt Size (Please circle one)

Adult Large

Adult Small

Adult X-Large

Adult Medium

Adult XX-Large

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for acceptance as a volunteer and may be necessary at arriving at a decision.
- This application for volunteer work shall be considered active for a period of time not to exceed one year from the date of signature below. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted at that time.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any volunteer relationship with this organization is of an "at will" nature, which means I may resign at anytime, and that the organization may discharge me at any time, with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing. In the event of acceptance as a volunteer, I understand that false or misleading information given in my application or interviews may result in discharge. I understand also, that I am required to abide by the rules and regulations of the Camp No Worries organization.

Signature

Date

I give permission for the use of video and/or voice tape, and/or photographs in which the likeness or representation of myself may appear in Camp No Worries promotions.

Signature

Date