**Camp No Worries**

2017 New Volunteer Application

YMCA of Burlington & Camden County

Please complete and mail to [volunteering@campnoworries.org](mailto:volunteering@campnoworries.org).

Alternatively, you can complete, sign and send via US Mail to: Camp No Worries

YMCA of Burlington & Camden Counties

59 Centerton Road

Mt. Laurel, NJ 08054

**Personal 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? Yes No

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

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

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of employment/school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer / School address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please mail items to: home employer/school

**Emergency contacts (please provide 2):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References:**

Please list three references (note: family members are not eligible):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of time known (yrs): \_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of time known (yrs): \_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of time known (yrs): \_\_\_\_\_\_

**Education:**

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Field: \_\_\_\_\_\_\_\_\_\_ Yrs: \_\_\_\_ Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Field: \_\_\_\_\_\_\_\_\_\_ Yrs: \_\_\_\_ Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Field: \_\_\_\_\_\_\_\_\_\_ Yrs: \_\_\_\_ Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special skills – please check any areas where you feel you could lead activities at camp:

\_\_ Arts & Crafts

\_\_ Team building

\_\_ Archery

\_\_ Group games

\_\_ Landsports

\_\_ Camp songs/music

\_\_ Magic

\_\_ Nature

\_\_ Swimming

Further detail (if applicable):

**Criminal Background Information:**

Please note – A criminal background check is required as part of the application.

Have you ever been convicted of any crimes and/or felonies? (answering ‘yes’ may not necessarily disqualify an application) Yes No

**Previous Camp Experience:**

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years: \_\_\_\_ Camp: \_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years: \_\_\_\_ Camp: \_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years: \_\_\_\_ Camp: \_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Questions:**

Why do you want to volunteer at Camp No Worries?

What qualities/qualifications do you possess that would help you contribute to CNW?

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

Please describe any additional training or education you have specifically to children:

Please describe any additional training or education you have with cancer and/or chronic illnesses:

Please list all languages you speak fluently: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list relevant safety and medical certifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CNW 2017 will be June 24 (11am) to July 1 (approx. 1pm) as well as a mandatory orientation on June 10. Counselors are required to be on-site for the duration of this period. Are there any potential limitations you foresee that might inhibit your ability to be a volunteer during this timeframe (if yes, please explain)? Yes No

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

**Volunteer Preferences:**

Role: \_\_ Cabin counselor \_\_ Inclusion (“one-on-one”) counselor \_\_ Medical staff

Age preference (rank 1-3 with 1 being your first preference)

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

Shirt Size: YL Small Medium Large XL XXL

Short Size: YL Small Medium Large XL XXL

**Acknowledgement:**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation by the YMCA or its assigned agencies of all statements contained in this volunteer application as it may be necessary to arrive at a decision with regard to volunteering.

This application for volunteer work shall be considered active for a period of time not to exceed six months. Any volunteer wishing to be considered beyond this period of time should inquire again to ascertain whether applications are being accepted at that time and be prepared to re-apply.

I hereby acknowledge my understanding that, unless otherwise defined by applicable law, any volunteer relationship with this organization is of an "at will" nature, which means that the volunteer may resign at any time, with or without cause. YMCA and Camp No Worries reserve the right to ask a volunteer to resign and the volunteer must be bound by that request, be it with or without cause. It is further understood that this "at will" volunteer relationship may not be changed by any spoken word, written document, or conduct unless and until such change is specifically acknowledged in writing by an authorized executive of this organization.

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

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

In addition to this application, please ensure you have completed the Volunteer Health Form, as well as provided a letter of recommendation and a copy of your insurance card (front / back). Once you have been selected as a volunteer, a criminal background check form will be provided to you for completion.