

FOR OFFICE USE ONLY

Date App Rcd _____
Date Ref #1 Rcd _____
Date Ref #2 Rcd _____
Date Ref #3 Rcd _____
Interview Date _____
Agreement Sent _____
Agreement Rcd _____
Health Form Rcd _____



*Where children with cancer
find a new beginning every day...*

Camp Volunteer Application

**Please bring a
current photo to
your interview to
be used for
identification
purposes.**

Date of Application _____

Name _____ Social Security Number ____-____-_____

Permanent Address _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone _____ Email address _____

Driver's License Number _____ Date of Birth _____

Occupation _____ Employer / School _____

Employer / School Address _____

City _____ State _____ Zip _____ Work Phone _____

Fax if available _____ Alternate Email _____

Volunteer Position Desired _____

Dates Available to Volunteer _____

Would you be available to attend a personal interview? ____ Yes ____ No

How did you hear about Sunrise Day Camp? _____

Camp/Teaching/Community Center Work or Volunteer Experience

1. Year (s) ____ Agency
Name _____
Address/Phone _____
Your role _____ Name of Supervisor _____
2. Year (s) ____ Agency
Name _____
Address/Phone _____
Your role _____ Name of Supervisor _____
3. Year (s) ____ Agency
Name _____
Address/Phone _____
Your role _____ Name of Supervisor _____

For additional experience, note here _____, and continue on an attached sheet.

Certifications: (please attach copies of certification cards)

CPR AED Lifeguard WSI First Aid Ropes
 Archery Other _____ Are you an EMT? No Yes

Please answer the following questions to the best of your ability.

1. Do you have child care experience? ____ Yes ____ No
If yes, what kind?
Age of children _____ Name and number of childcare parent/adult _____

2. Why do you want to volunteer at a summer day camp. Specify what personal characteristics and skills you feel you would bring to this position . _____

3. Please describe briefly what comes to mind when you hear the word 'camp'.

4. List subjects, activities that you could lead (L) or like to assist (A)
 Music L A Arts and crafts L A Drama L A Nature L A
 Dance L A Archery L A Sports (specify sport) L A _____
 Other _____ L A Do you play an instrument? _____
5. Describe your experience in working with children, including, but not limited to any who have or have had cancer: _____

6. Have you had any camp counseling or related experiences? Please include role, age group, location and dates? _____

7. What contributions do you think you can make at Sunrise Day Camp to fulfill the special needs of children with cancer ? _____

8. What contributions do you think Sunrise Day Camp can make to these children?

9. List activities and games that you could lead:

Group Activity Inside	Playing Field Activity Outside
_____	_____
_____	_____
_____	_____

Personal Information

1. Do you have physical limitations? If yes, please specify _____

2. Are you currently taking medication? If yes, please specify _____

3. Have you ever been convicted of a felony or misdemeanor other than minor traffic offenses?
Y N If so, please explain. _____

May we publish your address, phone number and email address in the Counselor Directory? Y N

May we publish your address in the Camper Directory? Y N

Circle T Shirt Preference Size: S M L XL XXL

Dietary Needs: Restrictions: _____ No restrictions _____ Vegetarian _____

References:

Please list 3 references (other than relatives) that we may contact who have knowledge of your character, experience and ability. Please give one of the enclosed Personal Reference Forms to each of these individuals to be completed and returned to Sunrise Day Camp

References (other than relatives; minimum of three, at least two work references where possible)

References – Personal

- 1 Name _____ Phone _____
 Address/City _____
 Relationship _____ Length of time known _____
- 2 Name _____ Phone _____
 Address/City _____
 Relationship _____ Length of time known _____
- 3 Name _____ Phone _____
 Address/City _____
 Relationship _____ Length of time known _____

References – Current or Past Employers

- 1. Name _____ Phone _____
 Address/City _____
 Relationship _____ Length of time known _____
- 2. Name _____ Phone _____
 Address/City _____
 Relationship _____ Length of time known _____
- 3. Name _____ Phone _____
 Address/City _____
 Relationship _____ Length of time known _____

AUTHORIZATION TO CHECK CRIMINAL RECORDS

I, _____, hereby authorize Sunrise Day Camp to obtain information pertaining to any charges I may have for federal and state criminal law violations. This information will include convictions committed upon minors and adults, and will be gathered from any law enforcement agency of this state or any other state or federal government to the full extent permitted by law.

I understand that such access is for the purpose of considering my application as a volunteer and that I expressly DO NOT authorize the camp, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signed _____ Date _____
(Signature of Applicant)



PLEASE RETURN APPLICATION TO:
Sunrise Day Camp
Friedberg Jewish Community Center
15 Neil Court, Oceanside, NY 11572
Phone: 516-766-4341 Fax: 516-766-0513