



2010 CAMP SUNRISE VOLUNTEER COUNSELOR APPLICATION

P. O. BOX 349, 62 WARWICK CENTER RD, WARWICK, NY 10990
(845) 986-1164 / FAX: (845) 986-8874 / campwarwick@campwarwick.org

Have you attended Camp Warwick as a camper?
 yes no

Have you served as a Camp Sunrise Volunteer at
Camp Warwick before?
 yes no

Which grade have you completed?
 9 10 11 12
 Other: _____

Are there any reasons you may have
difficulty in performing any of the essential tasks of
a Camp Warwick Volunteer?
 yes no
If yes, attach explanation.

Have you ever been convicted of a crime other
than a minor traffic violation?
 yes no

Social Security #

Size / Staff Shirt (circle)
S M L XL XXL

Check off below the week(s) you would like to
volunteer:

- _____ WEEK 1 - 06/27/10 - 07/02/10
- _____ WEEK 2 - 07/04/10 - 07/09/10
- _____ WEEK 3 - 07/11/10 - 07/16/10
- _____ WEEK 4 - 07/18/10 - 07/23/10

PERSONAL INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Phone: (_____) _____

Email Address: _____

Age: _____ Birth Date ____/____/____ M____ F____

Parent/Guardian Name(s)

CHURCH RELATIONSHIP

Church Name: _____

Address: _____

City, State, Zip: _____

Pastor Name: _____

Phone: (_____) _____

What responsibilities or involvements have you had in your
church? (Start with most recent)

PREVIOUS CAMP EXPERIENCE

Have you ever attended a camp? yes no Length of stay: _____

Camp name: _____

Type of camp (wilderness, in-camp, etc.): _____

Have you ever worked at a camp? yes no Position: _____

Camp name: _____

Camp address: _____

City, State and Zip: _____

Length of Stay: _____ List any training, education, gifts or other factors that have prepared you to work with children and youth: _____

EDUCATION AND SKILLS

If a student, what high school or college do you attend? List school name and address.

School Activities: _____

PERSONAL INFORMATION

Please answer the following questions on a separate piece of paper and attach to application:

1. Write a brief statement which describes your Christian faith.
2. Share any previous experience working with children or special-needs children and adults.
3. Why are you applying to be a volunteer at Camp Warwick?
4. What do you feel your strong points or strengths would be if you were accepted to work at Camp Warwick?

PERSONAL INTERESTS AND HOBBIES

MOST RECENT JOBS OR VOLUNTEER SERVICE

1. _____
Your position

Employer Name

Telephone

2. _____
Your position

Employer Name

Telephone

3. _____
Your position

Employer Name

Telephone

CURRENT RED CROSS OR OTHER CERTIFICATIONS - LIST EXPIRATION DATE

- ARC Lifeguarding / _____ ARC WSI / _____
 ARC First Aid Responding to Emergencies / _____ ARC CPR/BLS / _____
 ARC First Aid / _____ Other _____

REFERENCE QUESTIONNAIRES

THREE REFERENCES ARE REQUIRED FOR ALL NEW CAMP STAFF. **RETURNING STAFF MUST SUBMIT THREE NEW REFERENCES IF THEIR REFERENCES WERE SUBMITTED PRIOR TO 2009.**

List three individuals to whom you will give your reference questionnaires. Give each individual a copy of the Reference Questionnaire to complete and return to the Camp Consultant. References should be completed by a **significant adult** (i.e., former employer, pastor, youth leader or teacher). References from family, friends or employees of the Warwick Conference Center (Camp Warwick) will not qualify.

1. Name: _____ Occupation: _____

Address: _____

City, State, Zip: _____ Phone: _____

2. Name: _____ Occupation: _____

Address: _____

City, State, Zip: _____ Phone: _____

3. Name: _____ Occupation: _____

Address: _____

City, State, Zip: _____ Phone: _____

I authorize educational institutions, employers, and city, county, state and federal law enforcement agencies to release information to The Warwick Center, Inc. for the purpose of background investigation.

I hereby certify that all the information listed above, to the best of my knowledge, is both accurate and true.

Signature

Name Printed

RETURN THE COMPLETED APPLICATION TO:

PATRICIA CIAMPA, VOLUNTEER RECRUITMENT COORDINATOR
Camp Warwick at The Warwick Center
P. O. Box 349
Warwick, NY 10990