



CAMP SNOWBALL

VOLUNTEER APPLICATION PROCESS

Thank you for your interest in volunteering at Camp Snowball. The Camp Snowball program is dependent on volunteers, so YOU play a very important role in the success of this program! Volunteering at Camp Snowball has benefits for you as well. Not only will you make a difference in a camper's life but it will also help you to grow as a person, deepen your faith and help you share the Good News with others. You also have the opportunity to credit these volunteer hours to a school organization or community organization. Please follow these easy steps to apply.

APPLICATION

Complete the application. Do not forget to complete the application essays – required of all new applicants. Return your application by the deadline with the supporting application forms listed below to:

Patricia Ciampa
CAMP SNOWBALL at THE WARWICK CENTER
P. O. Box 349
Warwick, NY 10990

GUIDELINES FOR LIVING AND WORKING TOGETHER FORM

Please read and sign the “Guidelines for Living and Working Together at Camp Snowball” statement. Sign and return with your application.

HEALTH AND REGISTRATION FORM

Complete and sign the Health and Registration Form. **If you are under 18 years of age, your parent/guardian will need to sign the form and have it notarized.** If you were on staff or volunteered this past summer, we will use the health form on record as long as your Tb test is up-to-date. Before you make your decision to volunteer at Camp Snowball, we want you to know that the campers at Camp Snowball are not only differently-abled, but also have a higher probability of having a different health history that may include Hepatitis, AIDS, etc. Federal and state laws do not allow this information to be shared with the caregiver, and this definitely has implications for any staff member or volunteer that works at Camp Snowball. Please share this information with your parents if you are under the age of 18.

For your protection, we require that every staff member, including volunteers, provide their immunization history on the health form. We also require that each staff member and volunteer show verification of a TB test within the past year as well as Hepatitis B immunization. The Hepatitis B immunization is a series of 3 shots; you need not have completed the series, but you must have started the series.

We want you to know that we train you in UNIVERSAL PRECAUTIONS before the campers arrive and also provide an orientation session. Once again, please share this information with your parents when making your decision to volunteer at Camp Sunrise.

AUTHORIZATION FOR ADMINISTERING PRESCRIPTION MEDICATIONS FOR VOLUNTEERS UNDER AGE 18.

Please have the enclosed Authorization for Administering Prescription Medications form completed if you are under 18 years of age, are taking prescription medications and did not submit one for the 2011 Camp Sunrise program, or if you have had any change in your medication status.

OFF-SITE ACTIVITY CONSENT FORM

Have your parent or guardian read and sign the Off-Site Activity Consent Form for the bowling trip on Saturday. The bowling alley is less than a mile from The Warwick Center.

REFERENCES

All new volunteers are required to submit three references. Please use the forms provided. References should be obtained from adults who know you well such as a minister, teacher, employer, etc.

WE CANNOT ACCEPT REFERENCES FROM FAMILY OR FRIENDS.



2010 CAMP SNOWBALL DATES

Camp Snowball I: November 4-6, 2011 October 3, 2011

Camp Snowball II: April 13-15, 2012 March 5, 2012

APPLICATION DEADLINES

We ask that you please adhere to these deadlines. Late applications make it difficult for us to make room assignments, and may jeopardize your chances of receiving a volunteer assignment. Thank you.



CAMP SNOWBALL

VOLUNTEER COUNSELOR APPLICATION

All applications are processed on a first-come, first-served basis by postmark date.
APPLICATIONS WILL ONLY BE PROCESSED IF COMPLETED IN FULL.
You will receive verification by mail indicating the weekend(s) that you have been accepted.

Volunteer Counselor's Name

Street Address

City, State, Zip

(_____) _____
Telephone Number

Email Address

How can you best be contacted? Check one: ___ Telephone ___ Email ___ Regular Mail

D.O.B.

Age

Grade Level

I AM A RETURNING VOLUNTEER

INDICATE LAST YEAR SERVED: _____

I AM A NEW APPLICANT

New applicants, please answer the following questions on a separate sheet of paper.

1. What are your reasons for wanting to volunteer at Camp Snowball?
2. What experiences have you had that would assist you in working at Camp Snowball?
3. What personal qualities do you possess that would benefit the Camp Snowball program?

I WOULD LIKE TO VOLUNTEER FOR:

___ ONE WEEKEND ___ BOTH WEEKENDS

Please indicate your weekend preferences below by 1st or 2nd choice.

___ NOVEMBER 4-6, 2011 / At the Conference Center ___ APRIL 13-15, 2012 / At Camp Warwick

APPLICATION CHECKLIST

These forms must be submitted with your application in order for it to be considered. Please initial that you have included these forms.

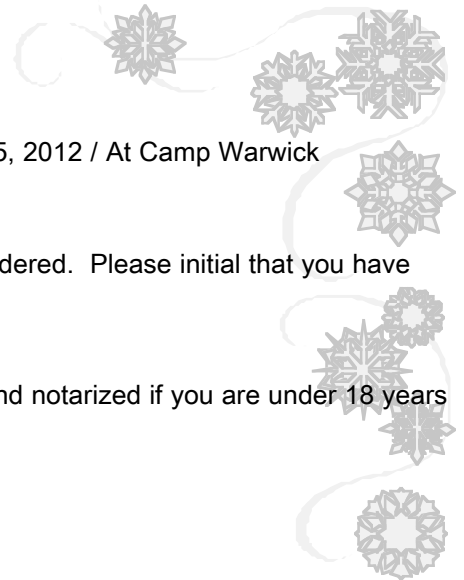
- ___ Essay questions (new applicants only)
- ___ Completed & signed health/registration form (signed by parent/guardian and notarized if you are under 18 years of age)
- ___ Authorization for Administering Prescription Medications Form
- ___ Signed "Guidelines for Living and Working Together At Camp Snowball"
- ___ Signed Off-Site Activity Consent Form

MAIL APPLICATION FORMS TO:

Patricia Ciampa / CAMP SNOWBALL

The Warwick Center, P. O. Box 349, Warwick, NY 10990

~ BOTH SIDES OF THIS FORM MUST BE COMPLETED IN FULL ~



REFERENCE INFORMATION

Volunteer Counselor's Name _____

ALL NEW VOLUNTEERS ARE REQUIRED TO SUBMIT THREE CHARACTER REFERENCES.
PLEASE USE THE REFERENCE FORMS THAT ARE ATTACHED.

Please indicate below the names and complete addresses of three adults other than family or friends (pastor, teacher, employer, etc.) whom you have asked to complete the reference questionnaires and who are qualified to give further information about you. Anyone employed by The Warwick Conference Center / Camp Warwick is not eligible to serve as a reference. We are required by the Orange County Board of Health to have three references on file for all counselors.*

Reference Name #1 _____

Relationship to Applicant _____

() _____

Organization (employer, church, etc.) _____

Day Telephone

() _____

Street Address _____

Night Telephone

City State Zip

Email Address _____

Reference Name #2 _____

Relationship to Applicant _____

() _____

Organization (employer, church, etc.) _____

Day Telephone

() _____

Street Address _____

Night Telephone

City State Zip

Email Address _____

Reference Name #3 _____

Relationship to Applicant _____

() _____

Organization (employer, church, etc.) _____

Day Telephone

() _____

Street Address _____

Night Telephone

City State Zip

Email Address _____

* If you have volunteered with either Camp Sunrise or Camp Snowball in the past, you will not need to re-submit your references.

GUIDELINES FOR LIVING AND WORKING TOGETHER AT CAMP SNOWBALL

The following policies and guidelines have been developed to assure that all of our counselors and campers enjoy an environment of mutual respect and safety. It is our desire to provide the best and safest atmosphere for each person attending Camp Snowball.

1. Everyone is expected to be respectful of all persons regardless of race, creed, color, age or position. This includes refraining from vulgarity and swearing, inappropriate gestures, name-calling and insulting remarks.
2. Camp Snowball staff and volunteers are required to abstain from smoking while on The Warwick Center property. Smoking will be permitted off grounds during time off.
3. No alcoholic beverages or illegal drugs are permitted on The Warwick Center grounds or buildings by anyone.
4. Each volunteer counselor is required to observe the established curfew. No talking or noise from lights-out time until wake-up call.
5. Volunteer counselors should respect each others rooms and are not allowed in any room other than their own without permission. Do not enter the rooms of other counselors after lights out.
6. Your room is your bedroom; the out-of-doors is your gymnasium; therefore, any horseplay or fooling around is done out-of-doors - not inside.
7. No posters, pictures, or hangings of any kind may be attached to the walls or doors of the rooms. Any damage incurred if this is done will be charged to the counselor.
8. Volunteer counselors and campers rooms must be picked up and cleaned daily.
9. Each person is responsible for cleaning up his/her trash. All volunteer counselors will assist with end-of-camp clean-up.
10. Volunteer counselors under the age of 18 are not permitted to leave The Warwick Center grounds. Volunteer counselors over the age of 18 may leave the Warwick Center grounds only with the permission of the Camp Director.
11. Volunteer counselors who have their own vehicles may not drive them on the property during Camp Snowball nor leave the campus during camper rest time and after camper bedtime or during assigned break times.
12. Counselors who have their own vehicles must park their vehicles in the upper parking lot (near the tennis courts). Counselors may not transport campers in their personal vehicles unless specifically directed to do so by the Camp Director.
13. Everyone is expected to be respectful of and help preserve our natural surroundings.
14. No exchange/sale of goods or gambling is permitted.
15. For those volunteer counselors who choose to violate regulations and/or jeopardize the safety of the group, their parent/guardian will be informed, and if necessary, asked to take the counselor home.

I have read the above guidelines and agree to follow them during my time as a volunteer counselor at Camp Snowball. I understand that any violation of these guidelines may be reason for immediate dismissal.

Volunteer Counselor Signature

Date



RETURN THIS SIGNED FORM WITH YOUR COMPLETED APPLICATION.



VOLUNTEER HEALTH & REGISTRATION FORM

*THIS FORM MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN
AND NOTARIZED IF THE COUNSELOR IS UNDER 18 YEARS OF AGE.*

VOLUNTEER COUNSELOR INFORMATION

LAST NAME _____ FIRST NAME _____ INITIAL _____

PARENT/GUARDIAN INFORMATION

Last Name _____ First Name _____ Initial _____

Address _____ Apt. # _____

City _____ State _____ Zip _____ Home Telephone _____

Spouse Name _____ Bus. Telephone _____

IF PARENT/GUARDIAN IS NOT AVAILABLE IN EMERGENCY, NOTIFY

Emergency Contact _____ Telephone _____

Relationship to Volunteer _____

CONSENT RELEASE

In signing this release, I certify that the information provided on this form is correct. In case of a medical emergency, I authorize the release of medical records and understand that every effort will be made to contact the parent/guardian. In the event that the parent/guardian cannot be reached, permission is hereby given to the physician selected by The Warwick Center to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for myself (son/daughter), as named herein. I authorize the Camp Warwick Health Director to supervise the self-medication of prescription and over-the-counter medicines by myself (son/daughter) at on-site camps and supervise the First Aid personnel of off-site camps in the distribution of medicines. I give permission for myself (son/daughter) to be transported in The Warwick Center vehicles or other designated vehicles to and from public transportation. I give permission for myself (son/daughter) to be transported by public transportation as necessary for approved off-site camp activities. I authorize the use of photographs of myself (son/daughter) in camp publicity.

AUTHORIZED SIGNATURE REQUIRED:

Counselor (OR Parent/Guardian Signature, if counselor is under 18)

Date

NOTARY PUBLIC STAMP

Notary Public Signature

Date

(COMPLETE HEALTH INFORMATION ON REVERSE SIDE)

VOLUNTEER COUNSELOR HEALTH INFORMATION

LAST NAME _____ FIRST NAME _____

Date of Birth ____/____/____ Age _____ Male Female

Date of Last Physical Exam ____/____/____

Physician/Clinic _____ Telephone _____

Street Address _____

City _____ State _____ Zip _____

Health Insurance Co. _____ Policy # _____

Health Insurance Co. Phone # _____ *Please attach copy of insurance card (front & back)*

Prescription drug policy? Yes No *If yes, attach a photocopy of the card (front and back).*

IMMUNIZATION RECORD *(List dates - NYS requirement)*

D.P.T. _____ M.M.R. _____
Oral Polio Vaccine _____ OPV Booster _____
Hepatitis B _____
Tetanus Booster _____
T.B. Test: _____ Positive Negative

TB TEST MUST BE ADMINISTERED WITHIN THE PAST YEAR.

ALLERGIES

Asthma Yes No Sulpha Yes No
Bee Sting Yes No Suntan Lotion Yes No
Hay Fever Yes No Poison Ivy/Oak/ Yes No
Penicillin Yes No Sumac Yes No

Other: _____

FOOD & SKIN SENSITIVITIES *(Please list)*

MEDICATIONS

I give permission to the Camp Warwick Health Director to supervise and/or administer the following medications (check off):

_____ Antacids _____ Tylenol
_____ Aspirin _____ Other over-the-counter
_____ Cold Medications _____ medications (list):
_____ Cough Syrup _____
_____ External Ointments _____
_____ Suntan Lotion _____

MEDICAL INFORMATION

Are you in general good health and able to participate in all normal camp activities? Yes No

If no, please explain on a separate sheet of paper.

ADD Yes No Heart Murmur Yes No

ADHD Yes No Homesickness Yes No

Ear Infections Yes No Hyperactive Yes No

Diabetic Yes No Special Diet Yes No

Seizure Disorders Yes No

List any of the following:

Chronic-recurring illness _____

Convulsive disorders _____

Recent illness/injury _____

Contagious diseases _____

Please submit statement of how you have been treated and with what medication.

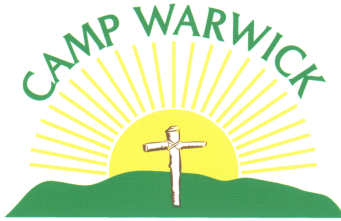
Serious operations *(list date/type):* _____

Please list all prescription medications you are currently taking. Include the dosage & instructions for use.

The HEALTH DIRECTOR will supervise the self-medication of prescription and over-the-counter medicines by counselors at on-site camps and supervise the First Aid personnel while off-site in the distribution of medicine. The Health Director stocks most common medications such as Tylenol and cold remedies, so it is not necessary to bring them to camp. **ALL MEDICATIONS (PRESCRIPTION AND OVER-THE-COUNTER) MUST BE IN THE ORIGINAL CONTAINER, LABELED WITH THE COUNSELOR'S NAME AND WRITTEN INSTRUCTIONS SIGNED BY YOUR PHYSICIAN ATTACHED. ALL MEDICATIONS (PRESCRIPTION AND OVER-THE-COUNTER) MUST BE GIVEN TO THE HEALTH DIRECTOR**

PLEASE KEEP A COPY OF THIS FORM FOR FUTURE REFERENCE.

VOLUNTEER HEALTH & REGISTRATION FORM 2011



CAMP SNOWBALL VOLUNTEER
OFF-SITE ACTIVITY CONSENT FORM

**THIS FORM MUST BE COMPLETED AND SIGNED BY A PARENT / GUARDIAN OF
ANY CAMP SNOWBALL VOLUNTEER UNDER THE AGE OF 18.**

I give permission for my son/daughter, _____, to participate in the following off-site activities while volunteering in the Camp Snowball Program:

The Camp Snowball bowling trip to Pin Street at Warwick, S. Rte 94, Warwick, New York

I understand that my son/daughter will be transported in a 15-passenger van or the Warwick Center's mini bus. This trip is conducted by Camp Warwick and meets all regulations stipulated by the Orange County Board of Health. I fully understand and acknowledge that there are risks involved with any activity and by granting my son/daughter permission to attend, I assume and accept all risks associated with this activity and release The Warwick Center, Inc./Camp Warwick and its employees from any liability associated with these risks.

Parent/Guardian Name (print)

Parent/Guardian Name Signature

Date



VOLUNTEER RECOMMENDATION FORM

SCOTT CHERRY, CAMP DIRECTOR
CAMP WARWICK AT THE WARWICK CENTER, P. O. BOX 349, WARWICK, NY 10990
845-986-1164 / Fax: 845-986-8874 / Email: campwarwick@campwarwick.org

TO THE APPLICANT: Please complete the information below. Type or print your information clearly. Send or give this Reference Form to the person providing reference, along with a stamped, return envelope addressed to the Camp Warwick address listed above.

Name of Applicant: _____
First Name MI Last Name

Address: _____
Street Address City State Zip

I, _____ am applying for a position as a Camp Warwick VOLUNTEER Counselor. Your frank appraisal will assist the directors in evaluating my qualifications and abilities. Thank you.

Applicant Signature Date

TO THE PERSON COMPLETING THIS REFERENCE/RECOMMENDATION:

It is the desire of the Camp Warwick directors to recruit volunteers that are trustworthy and capable of caring for and disciplining our specially-abled campers (children and adults). It is imperative that all volunteers be positive spiritual role models for our campers. Please evaluate the applicant as you have seen him/her in daily life or in church settings. Your response will become part of the applicant's confidential file. Thank you for your time and effort in filling out this questionnaire.

What is your relationship to the applicant? _____

How long have you known the applicant? _____

Source for evaluation: records memory both

How would you rate the applicant in the following areas?

Christian Witness

- excellentfaith is evident in entire life
- goodfaith is an important part of life
- averagefaith is evident
- poorfaith is sometimes part of life
- not able to judge

Emotional Stability

- excellentexceptionally stable and consistent
- goodwell balanced in most situations
- averageusually well balanced
- poormoody or emotionally inconsistent
- not able to judge

Cooperation With Others

- excellentdeeply sensitive to other's needs
- goodusually cooperative with others
- averagecooperates when convenient
- poordifficult to work with
- not able to judge

Leadership

- excellenta leader of leaders
- goodleads when called upon
- averagemore inclined to follow than lead
- poornegative influence
- not able to judge

Motivation / Initiative

- excellenthighly self-motivated
- goodeffectively motivated
- averageusually purposeful
- poorpurposeless
- not able to judge

Judgment

- excellent . . .consistently makes wise decisions
- goodputs good thought into decisions
- averageputs a little thought into decisions
- poorhasty or indecisive (circle one)
- not able to judge

Integrity

- excellentconsistently trustworthy
- goodgenerally honest and true
- averagemay stretch the truth
- poorquestionable
- not able to judge

Work Ethic

- excellent . . .gives 100%
- goodputs in a fair day's work
- averagedoes enough to get by
- poorlazy
- not able to judge

Responsibility

- excellentdiligently follows through on tasks
- goodfollows through on tasks
- averageusually follows through on tasks
- pooronly follows through when required
- not able to judge

Communication

- excellent . . .articulate in all groups
- goodusually gets thoughts across well
- averagegets thoughts across, but hesitant
- poorhas difficulty articulating thoughts
- not able to judge

Other Traits: *Please mark some of the words that best describe this applicant.*

- | | | | | | |
|--|-------------------------------------|------------------------------------|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> humorous | <input type="checkbox"/> friendly | <input type="checkbox"/> confident | <input type="checkbox"/> mature | <input type="checkbox"/> wise | <input type="checkbox"/> consistent |
| <input type="checkbox"/> entertaining | <input type="checkbox"/> meticulous | <input type="checkbox"/> arrogant | <input type="checkbox"/> hyperactive | <input type="checkbox"/> spontaneous | <input type="checkbox"/> analytical |
| <input type="checkbox"/> aggressive | <input type="checkbox"/> rude | <input type="checkbox"/> blunt | <input type="checkbox"/> hard to read | <input type="checkbox"/> shy | <input type="checkbox"/> determined |
| <input type="checkbox"/> negative | <input type="checkbox"/> withdrawn | <input type="checkbox"/> excitable | <input type="checkbox"/> caring | <input type="checkbox"/> noisy | <input type="checkbox"/> assertive |
| <input type="checkbox"/> contemplative | <input type="checkbox"/> perceptive | <input type="checkbox"/> helpful | <input type="checkbox"/> immature | <input type="checkbox"/> irresponsible | <input type="checkbox"/> reliable |

Moral Character: *To your knowledge, has this person . . .*

- Ever been charged with or convicted of a crime or a DUI? yes no
- Ever been subject of a charge of unethical or immoral conduct or behavior? yes no
- Ever engaged in or been the subject of a charge of sexual misconduct? yes no

If you answered "yes" to any of these questions, please provide all relevant information.

What do you consider to be this applicant's strengths? _____

What areas in the applicant's life need improvement? _____

What is your overall evaluation of this applicant?

I would . . .

- | | |
|--|--|
| <input type="checkbox"/> highly recommend this applicant | <input type="checkbox"/> not recommend this applicant at all |
| <input type="checkbox"/> recommend this applicant | <input type="checkbox"/> prefer to discuss this further by phone |
| <input type="checkbox"/> recommend this applicant with reservation | <input type="checkbox"/> Please give me a call |

Reference Name (please print) _____

Reference Signature _____

Date _____

Title _____

Organization _____

Daytime Phone No. _____



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How long have you known the applicant? _____

Source for evaluation: records memory both

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| <input type="checkbox"/> negative | <input type="checkbox"/> withdrawn | <input type="checkbox"/> excitable | <input type="checkbox"/> caring | <input type="checkbox"/> noisy | <input type="checkbox"/> assertive |
| <input type="checkbox"/> contemplative | <input type="checkbox"/> perceptive | <input type="checkbox"/> helpful | <input type="checkbox"/> immature | <input type="checkbox"/> irresponsible | <input type="checkbox"/> reliable |

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| <input type="checkbox"/> negative | <input type="checkbox"/> withdrawn | <input type="checkbox"/> excitable | <input type="checkbox"/> caring | <input type="checkbox"/> noisy | <input type="checkbox"/> assertive |
| <input type="checkbox"/> contemplative | <input type="checkbox"/> perceptive | <input type="checkbox"/> helpful | <input type="checkbox"/> immature | <input type="checkbox"/> irresponsible | <input type="checkbox"/> reliable |

Moral Character: *To your knowledge, has this person . . .*

- Ever been charged with or convicted of a crime or a DUI? yes no
- Ever been subject of a charge of unethical or immoral conduct or behavior? yes no
- Ever engaged in or been the subject of a charge of sexual misconduct? yes no

If you answered "yes" to any of these questions, please provide all relevant information.

What do you consider to be this applicant's strengths? _____

What areas in the applicant's life need improvement? _____

What is your overall evaluation of this applicant? _____

I would . . .

- | | |
|--|--|
| <input type="checkbox"/> highly recommend this applicant | <input type="checkbox"/> not recommend this applicant at all |
| <input type="checkbox"/> recommend this applicant | <input type="checkbox"/> prefer to discuss this further by phone |
| <input type="checkbox"/> recommend this applicant with reservation | <input type="checkbox"/> Please give me a call |

Reference Name (please print) _____

Reference Signature _____

Date _____

Title _____

Organization _____

Daytime Phone No. _____