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At the Warwick Center, P.O. Box 349, 62 Warwick Center Road, Warwick, NY 10990

Phone: 845-986-1164 / Fax: 845-986-8874 / Email: [campwarwick@campwarwick.org](mailto:campwarwick@campwarwick.org)

February 1, 2012

Dear Volunteer,

Thank you for your interest in becoming a Camp Sunrise Volunteer Counselor.

Camp Sunrise offers a unique opportunity for young people (beginning with those who have completed 9th grade) and adults to experience a life-changing week by participating as a Camp Sunrise Volunteer Counselor. Camp Sunrise is a Christian Camp designed especially for differently-abled campers ages 8-55. We minister to the four basic needs in the life of the disabled person: the physical, the mental, the social and the spiritual. Campers receive care and supervision from a carefully selected group of summer staff and volunteers. The summer staff will come from colleges and universities from across the United States. Each volunteer is assigned to work on a one-to-one basis with a camper.

All volunteers will receive thorough training in all related aspects of physical care, lifting, emergency response, teamwork, programming and sharing one's faith with our special needs campers. All new volunteers or returning volunteers under the age of 18 are required to attend the training/orientation program which will be held at Camp Warwick on June 23, 2012. Each volunteer will be assigned to one or more weeks depending on camper enrollment.

Camp Warwick will provide your meals and lodging. Participants usually bring extra spending money for the camp canteen and a camp photo. Camp Sunrise volunteers will be responsible for bringing their own spending money for their nights and afternoons off. You'll learn a tremendous amount about serving Christ by volunteering in our camps.

To apply, follow the directions below and return your completed application by April 20, 2012.

**PLEASE READ CAREFULLY and FOLLOW THESE STEPS TO APPLY:**

**1. REFERENCES**

All first-time applicants will be required to provide three character references. Reference forms will be included with your application. **Give the reference forms to three adults who know you well** Adults who have known you as a student, parishioner, and employee or have supervised you in an extracurricular activity are most credible. **We cannot accept references from friends, family members or employees of The Warwick Center / Camp Warwick.** Don't forget to sign the release statement at the top of the reference form before giving it away. Have your references mail the form directly to us.

**RETURNING APPLICANTS: References submitted prior to 2011 must be renewed.**

**2. APPLICATION**

Complete the application and mail it directly to Patricia Ciampa, Volunteer Recruitment Coordinator at The Warwick Center. If you have additional skills and experiences the application does not directly tell us about, use extra sheets to tell us more about yourself. Please be sure to answer all the personal information questions, and submit these with your application.

### 3. DRUG, ALCOHOL and TOBACCO POLICY STATEMENT

Please read the enclosed Drug, Alcohol and Tobacco Policy. Return your signed and dated policy statement with your application. This signed and dated policy statement must be returned if you wish to be considered for this position.

### 4. HEALTH AND REGISTRATION FORM

Please complete and return the enclosed health form with your application. If you were a 2011/12 Camp Snowball Volunteer and submitted a health form this winter, you are exempt as long as your TB test is up-to-date.

### 5. APPLICATION QUALIFICATION

In order to be considered for a volunteer counselor position, your application must be completed in full and all reference forms received by April 20, 2012. Please be sure to return your Drug, Alcohol and Tobacco Policy Statement and Health Form with your application. **VOLUNTEER APPLICATIONS WILL BE ACCEPTED ON A FIRST-COME, FIRST-SERVE BASIS** and assignments will be made based on need (camper enrollment).

Before you make your decision to volunteer at Camp Sunrise, we want to inform you that some of our campers 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 caregivers, and this definitely has implications for any staff member that works at Camp Warwick. This issue should be discussed with your parents before you make your decision to volunteer.

For your protection, we do require every staff member, including volunteers, who work at Camp Warwick to provide their immunization history. We also require that each staff member and volunteer show verification of a TB test within the past year, and Hepatitis B immunization. **Also, be assured that you will be thoroughly trained in using Universal Precautions prior to the campers' arrival**

Recruiting staff that are positive Christian role models is the key to achieving a quality camp. We ask that you give careful thought to the accompanying application before you apply.

If you have any questions regarding the application process, please don't hesitate to contact us at 845-986-1164 or by email at [campwarwick@campwarwick.org](mailto:campwarwick@campwarwick.org). We look forward to hearing from you.

Cordially,



Scott Cherry  
Camp Warwick Director

**APPLICATION DEADLINE: FRIDAY, APRIL 20, 2012**

Enclosures: Application, Counselor Descriptions, Drug Alcohol & Tobacco Policy Statement, Health and Registration Form, 3 Reference Questionnaires



# 2012 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

Size / Staff Shirt (circle)

S M L XL XXL

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

\_\_\_\_ WEEK 1 - 06/24/12 - 06/29/12

\_\_\_\_ WEEK 2 - 07/01/12 - 07/06/12

\_\_\_\_ WEEK 3 - 07/08/12 - 07/13/12

\_\_\_\_ WEEK 4 - 07/15/12 - 07/20/12

\_\_\_\_ WEEK 5 - 07/22/12 - 07/27/12

\_\_\_\_ WEEK 6 - 07/29/12 - 08/03/12

## PERSONAL INFORMATION

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

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

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

Phone: (\_\_\_\_) \_\_\_\_\_

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

What is the best way to contact you?  Email  Phone

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 2011.**

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 Sunrise Volunteer Recruitment Coordinator. 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



**DRUG, ALCOHOL AND TOBACCO POLICY**  
*For Summer Camp Counseling Staff and Volunteers*

**TOBACCO POLICY**

The use of tobacco products will not be permitted on Camp Warwick or The Warwick Center grounds at any time. Therefore, summer staff and volunteers are required to abstain from tobacco products while on The Warwick Center property for the entire term of their employment. Use of tobacco products will be permitted off grounds during nights off and on weekends.

**DRUG & ALCOHOL POLICY**

Should summer staff members who are of age be allowed to drink when they are off duty? Many camps ask themselves that question year after year. Alcohol policies are tough - tough to form and tough to enforce. They can cause a clash between staff rights and staff responsibilities. They can lead to the dismissal of even the best employees. Camp Warwick has a zero-drug/alcohol policy because we view our staff as role models for the campers.

Staff members are required to abstain from all alcoholic beverages and illegal drugs for the entire term of employment at Camp Warwick. This policy holds whether staff is under or over 21 years of age, on duty or off duty, on grounds or off grounds, including weekends. Violation of the policy could be reason for immediate dismissal.

*I can and will comply with this policy.*

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Counselor Name (Print)

---

Counselor Signature

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Date



# 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.

### COUNSELOR OR \*PARENT/GUARDIAN SIGNATURE REQUIRED:

\_\_\_\_\_  
*\*(Parent/Guardian Signature, if counselor 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

## ALLERGIES

Asthma  Yes  No Sulpha  Yes  No

Bee Sting  Yes  No Suntan Lotion  Yes  No

Hay Fever  Yes  No Poison Ivy/Oak/

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 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 hire staff that are trustworthy and capable of caring for and disciplining our campers, including our specially-abled campers (children and adults). It is imperative that all summer staff be positive spiritual role models for our campers (ages 5-adult). 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

- excellent . . . . .faith is evident in entire life
- good . . . . .faith is an important part of life
- average . . . . .faith is evident
- poor . . . . .faith is sometimes part of life
- not able to judge

### Emotional Stability

- excellent . . . . .exceptionally stable and consistent
- good . . . . .well balanced in most situations
- average . . . . .usually well balanced
- poor . . . . .moody or emotionally inconsistent
- not able to judge

### Cooperation With Others

- excellent . . . . .deeply sensitive to other's needs
- good . . . . .usually cooperative with others
- average . . . . .cooperates when convenient
- poor . . . . .difficult to work with
- not able to judge

### Leadership

- excellent . . . . .a leader of leaders
- good . . . . .leads when called upon
- average . . . . .more inclined to follow than lead
- poor . . . . .negative influence
- not able to judge

**Motivation / Initiative**

- excellent . . . . .highly self-motivated
- good . . . . .effectively motivated
- average . . . . .usually purposeful
- poor . . . . .purposeless
- not able to judge

**Judgment**

- excellent . . . . .consistently makes wise decisions
- good . . . . .puts good thought into decisions
- average . . . . .puts a little thought into decisions
- poor . . . . .hasty or indecisive (circle one)
- not able to judge

**Integrity**

- excellent . . . . .consistently trustworthy
- good . . . . .generally honest and true
- average . . . . .may stretch the truth
- poor . . . . .questionable
- not able to judge

**Work Ethic**

- excellent . . . . .gives 100%
- good . . . . .puts in a fair day's work
- average . . . . .does enough to get by
- poor . . . . .lazy
- not able to judge

**Responsibility**

- excellent . . . . .diligently follows through on tasks
- good . . . . .follows through on tasks
- average . . . . .usually follows through on tasks
- poor . . . . .only follows through when required
- not able to judge

**Communication**

- excellent . . . . .articulate in all groups
- good . . . . .usually gets thoughts across well
- average . . . . .gets thoughts across, but hesitant
- poor . . . . .has 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? \_\_\_\_\_

If you had a child in grades K-12, how would you feel about this applicant being your child's mentor?  
\_\_\_\_\_

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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- |  |                                     |                                    |                                       |  |                                     |
|--|-------------------------------------|------------------------------------|---------------------------------------|--|-------------------------------------|
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| <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? \_\_\_\_\_

If you had a child in grades K-12, how would you feel about this applicant being your child's mentor?  
\_\_\_\_\_

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.



# 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 hire staff that are trustworthy and capable of caring for and disciplining our campers, including our specially-abled campers (children and adults). It is imperative that all summer staff be positive spiritual role models for our campers (ages 5-adult). 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

- excellent . . . .faith is evident in entire life
- good . . . . .faith is an important part of life
- average . . . .faith is evident
- poor . . . . .faith is sometimes part of life
- not able to judge

### Emotional Stability

- excellent . . . . .exceptionally stable and consistent
- good . . . . .well balanced in most situations
- average . . . . .usually well balanced
- poor . . . . .moody or emotionally inconsistent
- not able to judge

### Cooperation With Others

- excellent . . . .deeply sensitive to other's needs
- good . . . . .usually cooperative with others
- average . . . . .cooperates when convenient
- poor . . . . .difficult to work with
- not able to judge

### Leadership

- excellent . . . . .a leader of leaders
- good . . . . .leads when called upon
- average . . . . .more inclined to follow than lead
- poor . . . . .negative influence
- not able to judge

**Motivation / Initiative**

- excellent . . . .highly self-motivated
- good . . . . .effectively motivated
- average . . . . .usually purposeful
- poor . . . . .purposeless
- not able to judge

**Judgment**

- excellent . . .consistently makes wise decisions
- good . . . . .puts good thought into decisions
- average . . . . .puts a little thought into decisions
- poor . . . . .hasty or indecisive (circle one)
- not able to judge

**Integrity**

- excellent . . . .consistently trustworthy
- good . . . . .generally honest and true
- average . . . . .may stretch the truth
- poor . . . . .questionable
- not able to judge

**Work Ethic**

- excellent . . .gives 100%
- good . . . . .puts in a fair day's work
- average . . . . .does enough to get by
- poor . . . . .lazy
- not able to judge

**Responsibility**

- excellent . . . .diligently follows through on tasks
- good . . . . .follows through on tasks
- average . . . . .usually follows through on tasks
- poor . . . . .only follows through when required
- not able to judge

**Communication**

- excellent . . .articulate in all groups
- good . . . . .usually gets thoughts across well
- average . . . . .gets thoughts across, but hesitant
- poor . . . . .has 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  |
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I would . . .

- highly recommend this applicant
- recommend this applicant
- recommend this applicant with reservation
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- prefer to discuss this further by phone
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Reference Name (please print) \_\_\_\_\_

Reference Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Daytime Phone No. \_\_\_\_\_