 **SICKLE CELL CAMP**

**STAFF APPLICATION**

**AUGUST 9-12, 2019**

(New Staff Training August 4, 2019)

**DEADLINE IS JUNE 1, 2019**

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

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

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/School Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Gender: \_\_\_ Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Networking site address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(We will be checking random sites as part of our background check process)

T-Shirt Size (Please Circle one): S M L XL XXL

**EMERGENCY NOTIFICATION:** (Emergency notification)

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST: \_\_ ZIP: \_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of years you have worked at Sickle Cell Camp: \_\_\_\_

Current Job/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Following positions are available for volunteers at camp. Please number in priority order you preferences: **ALL NEW STAFF - FULL TIME OR PART TIME MUST BE ABLE TO ATTEND TRAINING - AUGUST 4 (starting at 2pm), 2019.**

\_\_\_ Cabin counselor (Must be available full time)

\_\_\_ Rover - Relief Counselor (Preference will be given to full time - though some part time positions may be available)

If you are applying for a position as a Cabin Counselor or Rover (Relief Counselor), please prioritize the age group with whom you prefer to work.

\_\_ Ages 8-9 \_\_ Ages 10-12 \_\_Ages 13-15

**EDUCATION:** Location: Major Interests Dates:

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT:** (Please list last 3 employers – Please complete all parts)

Employer: Phone: Job: Dates of Employment

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**VOLUNTEER EXPERIENCE:** (Please list recent volunteer experience, especially experience in working with children and youth.)

Organization: Contact Name: Phone:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CRIMINAL RECORD CHECK:**

As a camp we are required to check into the background of persons who have contact with children. One of the checks we use is through the Washington State Patrol. To do this check we need your driver’s license number.

Please indicate that number and State where issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this application I give my permission for the administration of the Sickle Cell camp to do a Criminal Background check through any available source. I understand that all information will be held in confidence.

Have you even been convicted of a felony? \_\_\_\_\_ Yes (Please attach an explanation) \_\_ No

Would you object to being fingerprinted? \_\_\_\_ Yes \_\_\_ No

Have you ever been accused of, or convicted or a crime against children?

\_\_\_ Yes (Please Explain) \_\_\_ No

**REFERENCES:**

Please give complete information. Your application cannot be processed without complete information: **Please list people who can attest to your character and who are not relatives** **and do not share housing with you.**  
Name: Address: City ST Zip Phone:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please return this application and attached questionnaire to:**

**Michele Rutschow**

**9326 SW Bayview Dr**

**Vashon Island, WA 98070**

**Ph (206) 463-2512 Fax (206) 463-6738 or campburton.mrutschow@gmail.com**

**SICKLE CELL CAMP**

**STAFF QUESTIONNAIRE**

**AUGUST 9-12, 2019**

**(To be completed by *first time staff* only)**

[Please use extra paper as needed]

1. Why are you interested in being on this camp staff?
2. What previous camp experience have you had? (Please indicate job and camp where you worked)
3. Have you had any experience with Sickle Cell Disease? Please explain.
4. Please describe your prior experience with children, including any with children with special needs (Cancer, Asthma, Diabetes, etc.)
5. What life experiences have you had that you feel will make you a good camp staff person?
6. Would you be able to be at camp full time? (Only full-time people will be able to be counselors, however, there are some part-time positions available at camp)

7) How did you hear about camp?

1. Do you have any medical or physical circumstances which would prevent you from actively working with the campers? Please Explain. (Staff must be able to keep up with active children. Considerations such as physical mobility and general fitness need to be taken into account.)

 *Sickle Cell Camp*

% Melanie H Barnes, PhD

PO Box 5299 MS:1220-2-PSY

Tacoma, WA 98415

\_\_\_\_\_\_\_\_\_\_\_ has applied to be a staff member at a camp for children with Sickle Cell disease. You have been listed as a reference. If you would be willing to take a few moments to complete this form, it would help us in providing a safe and quality experience for the campers. Please return by June 1, 2019.

Thank you for your help and assistance.

Sincerely,

Melanie H Barnes, PhD

Sickle Cell Camp Staff Coordinator

1. How long and in what capacity have you known the applicant?
2. What personal characteristics does the applicant have which would be an asset working with children?
3. Are you aware of any reason the applicant should not be entrusted with the care of children?

How would you rate the applicant as to:

High Low Not

Characteristic 1 2 3 4 5 Known Comments:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Maturity |  |  |  |  |  |  |  |
| Ability to relate to peers |  |  |  |  |  |  |  |
| Creativity |  |  |  |  |  |  |  |
| Ability to work with others |  |  |  |  |  |  |  |
| Ability to relate to children |  |  |  |  |  |  |  |
| Self Motivation |  |  |  |  |  |  |  |
| Communication Skills |  |  |  |  |  |  |  |

Other Comments:

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

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Other Comments:

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

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