

# Waycross Summer Camp 2010 CIT Volunteer Application

**Note that all Counselor-in-Training applicants must have completed the Leaders-in-Training program prior to Summer 2010.** Please attach a separate sheet of paper if you need more space.

Full Name: \_\_\_\_\_ Gender: M F Nickname: \_\_\_\_\_

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

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

Home Phone: \_(\_\_\_\_\_)\_\_\_\_\_ Cell Phone: \_(\_\_\_\_\_)\_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_ When? \_\_\_\_\_

In what year did you attend the Leaders-in-Training program at Waycross? \_\_\_\_\_

Grade level completed by June 2010: 9 10 11 12

Name of Church you attend (if any): \_\_\_\_\_

**REFERENCES:** Waycross requires at least three character references. These references should include people who have seen you work with children/youth and people familiar with specific skills and abilities that you may use at camp. Include at least two individuals who have known you for more than one year. Please do not list relatives as references. **Include both a phone number AND address for each individual.**

Name	Relationship to You	Address	Phone Number

**EDUCATION HISTORY:** Include only high school and above.

1. School Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

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

2. School Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

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

**CAMP EXPERIENCE:** List all of your camp experience, both as a camper or staff/volunteer.

Dates	Camp Name	Director	State	Camper or Staff
				C or S
				C or S
				C or S

**WORK AND VOLUNTEER EXPERIENCE:** Please list all paid and volunteer work experience you have had in the past three years.

Dates	Employer Name	Supervisor	Address and Phone Number	Position	Reason for Leaving

1. Do you have any current certification that could be useful in a camp setting (i.e. lifeguarding, first aid, CPR)? If so, please list type and month /year of expiration.

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2. Are you able to lead hikes and camp outs? Please explain.

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3. What skills, hobbies, experiences and interests do you have that relate to childcare or work at a camp?

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4. Do you feel comfortable talking with children about God, upholding Christian values and attending devotions and worship services? Please explain.

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5. Are you active in your local church or parish? If yes, please list parish and pastor information and activities.

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**Counselor-in-Training Availability 2010:** (Please circle Yes or No for each session)

Camp Session		Dates	Available
1a	Adventure Camp	June 13 – June 19	YES NO
2	Ready Set Camp	June 20 – June 24	YES NO
3	Adventure Camp	June 27 – July 3	YES NO
4a	Creative Arts Adventure Camp	July 11 – July 17	YES NO
4b	Wilderness Canoe	July 11 – July 17	YES NO
5	Adventure Camp	July 18 – July 24	YES NO

We will do our best to schedule you for a week as a CIT. You may receive additional weeks if we are in need of additional volunteers.

**CONVICTION STATEMENT: (circle Yes or No for each question)** Have you ever been convicted of a felony or misdemeanor other than minor traffic violations, or do you have charges pending against you? **YES or NO**  
 Have you ever had a substantiated child abuse, child sexual abuse or child neglect case against you? **YES or NO**  
 Is there a petition naming you in juvenile, civil or criminal court concerning child abuse, child sexual abuse or child neglect? **YES or NO**

*If yes to any of the above, please attach information relating to the conviction, offense or pending charge.*

Before you report to volunteer as a CIT, Waycross, Inc. will require a background check that may include criminal records and a drug screening. In addition, American Camp Association standards require volunteers complete a health history report and physical examination with a health care provider before camp begins.

Do you have any physical, mental or emotional problems that could interfere with your ability to perform job functions? **YES or NO** If yes, please explain and include any standards or practices that will help you uphold your duties while at camp.

**APPLICANT'S STATEMENT:** Under penalty of perjury, I swear or affirm that the information given above is true, complete and correct to the best of my knowledge. I understand and agree that a complete background investigation may be conducted with respect to me and that contacting persons and organizations may verify this information with whom I have had contact or which may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides such information. I also release and hold harmless Waycross, Inc., the Episcopal Diocese of Indianapolis, their officers, employees, agents and volunteers. I understand that importance of fulfilling my obligations to Waycross, Inc. and that I will be required to abide by all regulations set for by Waycross, Inc.

Applicant's Name: (please print) \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Parent and/or Legal Guardian Name: (please print) \_\_\_\_\_

Parent and/or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to:** Natalie Hershberger, Leadership Intern  
 Waycross Camp and Conference Center  
 7363 Bear Creek Road  
 Morgantown, IN 46160  
 Fax: 812-597-4291