

Camp Care-A-Lot introduction page  
Eydee Schultz, Executive Director  
7 Apache Drive  
Springfield, Illinois 62711  
(217)546-4777 (phone/fax) carelot3@aol.com www.campcarealot.org  
**••KEEP THIS FOR YOUR INFORMATION••**

THANK YOU FOR YOUR INTEREST AND FOR CARING A LOT!!!!!!! Be ready for a life changing experience at summer Camp Care-A-Lot 2011. You will have an incredible week to always remember. Attached is your application. **Once interviewed**, all prospective new full time staff and all overnight volunteers must have a background check. Contact Eydee if you need assistance getting one. Camp will reimburse the fee if any.

**Age guidelines:**

- 19 or older - **Counselor ALL WEEK OR** Full and part time DAY volunteer
- 18-19 (PAST CAMPERS) Counselor Assistant (overnight all week)
- 16-19 (PAST CAMPERS) LEADERS PROGRAM (overnight all week)  
*(written parental permission needed for anyone under 18)*

**Dates:**

- Pittsfield, **Sat. July 16th-Sat. 23th** (Children arrive July 17th)

**Orientation:**

- **Mandatory for ALL counselors/volunteers (for more than 2 days)**
- **8:00 A.M.- 9:00 P.M. Saturday July 16th Jacksonville**
  - Evening includes setting up materials at camp after dinner in Pittsfield.)
  - (staff will sleep at camp after set up)
- COMPLEMENTARY HOTEL ROOMS ARE SECURED FOR OUT-OF-TOWN STAFF at Courtyr Hearth Motel, Friday July 15th in Jacksonville
- All full time staff will continue orientation Sunday, 7:30 AM

**End of camp:**

- Children leave by 1:00 PM on the last day. **Full time staff is required to stay** until all campers have been picked up and camp is cleared out.

**\*\*NEW STAFF OR STAFF WHO HAVE MOVED INTO NEW POSITIONS AT CAMP.  
3 written references must be received by us in a sealed envelope. References are not valid otherwise.\*\***

Schools and youth agencies need to know how many kids they can send. **The final amount will depend on the numbers of overnight counselors, therefore, applications must be received by MARCH 1, 2011.** We can accept 3-4 children per FULL TIME overnight counselor.

*\* (If you plan on volunteering part time, please let us know the days you are available. You do not need to fill this out unless you are volunteering more than 2 days or each morning or afternoon, or staying overnight any nights. Lifeguards and Nurses must complete this application.)*

**\*RECRUIT!!!!** Please forward this to potential staff members and people who will help with registration, check out, meal serving, nursing, or anything else. Registration and check out will be held in Springfield and Jacksonville, with children being bussed from Springfield to Jacksonville to camp and back.

This application precedes an interview. After I receive your application, I will call you to set the interview.

Thanks to you and others who "Care-A-Lot" and make a difference in the lives of special kids!!  
Eydee Schultz, Executive Director and Diana Wasem, Camp Director (applications must be mailed to Diana)  
See address on application page 1

Camp Care-A-Lot  
Diana Wasem, Camp Director  
2315 Winnebago  
Springfield, Illinois 62702

(217)81--2931 (phone) nirlz77@yahoo.com www.campcarealot.org

Dates: July 16 - 23, 2011, CAMP CARE-A-LOT **Counselor/Volunteer/LEADER Application, 2011**

**Return to ADDRESS ON THIS PAGE by March. 1, 2011**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ M/F \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (h) \_\_\_\_\_ (work/school) \_\_\_\_\_ Cell \_\_\_\_\_

E-MAIL-*if you check it!* (PRINT CLEARLY) \_\_\_\_\_

FAX \_\_\_\_\_ OCCUPATION/SCHOOL \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ city \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ phone \_\_\_\_\_

**Must fill out \***

DRIVER'S LICENSE NUMBER\* \_\_\_\_\_

SOCIAL SECURITY NUMBER\* \_\_\_\_\_

\*Certifications: (*show expiration dates*) WSI \_\_\_\_\_ Life guarding \_\_\_\_\_ CPR \_\_\_\_\_ First Aid \_\_\_\_\_ Other \_\_\_\_\_

**Please send copy of Certificate**

Being a Camp Care-A-Lot Staff member is an honor and a commitment. Upon signing this application, you are assuring us you will treat it as such and abide by the **attached** Code of Conduct.

Your signature means that you will dedicate yourself to loving and nurturing the campers and making sure that children are safe, happy and learning new things each day during camp 2011.

Have you ever been indicted or allegedly involved in the abuse or neglect of a child? \_\_\_\_\_

Have you ever been indicted or allegedly involved in the sexual exploitation of a child? \_\_\_\_\_

Have you ever been convicted of a misdemeanor or a felony? \_\_\_\_\_

Have you ever been in prison? \_\_\_\_\_

••• If yes to any of the above, Please explain circumstances and date(s) \_\_\_\_\_

**SIGN ONE: I certify all the above information is correct or I may be subject to dismissal and/or legal action. I hereby authorize Camp Care-A-Lot to conduct any investigation (including a criminal background check or fingerprint identification) on my personal history which may relate to the position for which I have applied.**

• FULL TIME OVERNIGHT COUNSELOR (age 21 +) Sign \_\_\_\_\_

• FULL or PART TIME DAY VOLUNTEER (age 21+) (part timers only state hours/day available) \_\_\_\_\_

Sign \_\_\_\_\_

**FORMER CAMPERS ONLY BELOW-must commit to all week. (mark one) Days Days/Nights \_\_\_\_\_**

• FULL TIME COUNSELOR ASSISTANT (ages 18-19) Sign \_\_\_\_\_

• FULL TIME LEADER (ages 16-19) Sign \_\_\_\_\_

How best can we utilize your talents in working with children? \_\_\_\_\_

Are there any activities in which you MUST NOT participate ? Please state why. (unless medical reasons prevail, all full time counselors will be participating in all daily activities) \_\_\_\_\_

***ALL Full time counselors/volunteers must be at staff training (8:00 A.M.- 9:00 P.M.) July 16th.*** Children leave by 1:00 PM on the last day. Full time counselors will be required to stay until camp is cleaned up and all children are picked up.

**\*\*ALL RETURNING AND NEW APPLICANTS**

**MUST LIST 3 REFERENCES**

- **NEW STAFF and STAFF RETURNING IN A NEW POSITION**

**MUST PROVIDE 3 WRITTEN REFERENCES**

- **ON THE ENCLOSED FORM OR in a CONFIDENTIAL LETTER**
- **E-mail is not sufficient**
- **References will not be valid unless SENT DIRECTLY IN A SEALED ENVELOPE BY EACH REFERENCE NAMED, not by applicant.**
- **References must be over 21 and will be contacted!!**
- **At least ONE MUST BE AN EMPLOYER/ TEACHER.**
- **Do not use Eydee, Tracy E., Diana Wasem or family members**

<u>NAME</u>	<u>HOW KNOWN TO YOU</u>	<u>ADDRESS/CITY/ZIP</u>	<u>PHONE</u>

**\*\*NEW STAFF ONLY\*\***

How did you hear about Camp Care-A-Lot/ Who referred you to us? \_\_\_\_\_

Please list your past experience as a counselor. If no experience, list your other experiences with youth \_\_\_\_\_

Tell about a time you took a leadership role. What was the role and what did you do to prove leadership? \_\_\_\_\_

Explain a time you were involved in a conflict and the steps you took to resolve it. \_\_\_\_\_

Why do you feel you should be hired as a staff member? \_\_\_\_\_

**ENTIRE FORM MUST BE FILLED OUT each year**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 Phone \_\_\_\_\_ Address \_\_\_\_\_ city \_\_\_\_\_ zip \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

Hospital Affiliation ( if you are living in the local area) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Health Insurance company: \_\_\_\_\_  
 24 hour Insurance Co. phone number(s) for emergency treatment consent: \_\_\_\_\_

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

past history of:	yes ( explanations if needed)	no
Heart Disease		
Epilepsy		
Convulsions/Seizures		
fainting/heat stroke		
Asthma		
Hay Fever		
Allergies/Medicine (to what)		
Allergy/INSECTS/poison ivy, etc. (to what)		
Hepatitis ( A, B, C.)?		
HIV/Aids		
Skin Disease (explain)		
Do you need medications at camp? ( don't have to explain which here but nurse will have to hold all meds in locked cabinet.		
Exposure to contagious disease		
Emotional problems ( please explain)		
Physical challenges		
Vision/Hearing Impairment		
other		

List any operations, injuries, hospitalizations/illnesses in the past 3 years. \_\_\_\_\_

Date of most recent physical \_\_\_\_\_ Most recent Tetanus immunization \_\_\_\_\_

Reason for restricting activities like swimming, hiking, etc. ( which activity?) \_\_\_\_\_

**AUTHORIZATION FOR YOUR EMERGENCY TREATMENT:**

I hereby authorize the camp director/ nurse or their designee to obtain any necessary emergency medical treatment or hospitalization as she/he deems necessary for my safety, health and/ or welfare.

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

You will NOT  
be put on a  
a mailing list.  
You may be  
contacted for clarification

Camp Care-A-Lot ---COUNSELOR REFERENCE---NEED 3 page 4  
**Reference must be sent directly, BY PERSON FILLING IT OUT, to:**

**Diana Wasem, Camp Director**  
**2315 Winnebago, Springfield, Illinois 62702**  
**(217) 801-2931**

(Applicant's name) \_\_\_\_\_ has requested to serve as a staff member for Camp Care-A-Lot, a week long residential camp for 6-10 year old children from low-no income backgrounds. We are seeking information to make sure this individual is qualified to work with children. Please answer these questions honestly and completely. Thank you for helping us make camp safe. References will remain confidential.

1) How long have you known this person? \_\_\_\_\_ In what capacity? \_\_\_\_\_

2) Describe this person's personality in regards to relating to adults? \_\_\_\_\_

3) Describe the way this person handles stressful situations? \_\_\_\_\_

4) How does this person handle authority? \_\_\_\_\_

5) If you had children would you feel comfortable leaving your child in the hands of this person? \_\_\_\_\_

(Why-please answer) \_\_\_\_\_

6) Have you observed this person in the presence of children? \_\_\_\_\_ In what capacity? \_\_\_\_\_

7) Describe how she/he related to them \_\_\_\_\_

8) Please describe this person's basic attitude and demeanor. \_\_\_\_\_

9) How responsible is this person? \_\_\_\_\_

10) How does this person react to time constraints ( on time, late)? \_\_\_\_\_

11) Any reasons for us not to hire this person to take care of children 24/7? \_\_\_\_\_

12) Other information to help us decide whether to hire this person, their personality, maturity, responsibility, dedication, etc. \_\_\_\_\_

13) check one: Highly recommended this person \_\_\_\_\_ Recommend with reservations \_\_\_\_\_ Do not recommend \_\_\_\_\_ I am not able to answer this question because \_\_\_\_\_

Signed \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail (if you check your e-mail) please print clearly \_\_\_\_\_

Phone(h) \_\_\_\_\_ (w) \_\_\_\_\_ Fax \_\_\_\_\_

**KEEP THIS DO NOT SEND BACK WITH APPLICATION**

**You will sign one at camp.**

**Code of Conduct for Staff and LEADERS**

\*Staff relationships may not interfere with any camp responsibilities. Relationships with all staff members should be friendly and supportive. Staff members may NEVER become intimate, suggestive or sexual with each other while at camp.

\*Relationships with all campers should be friendly and supportive. Romantic, intimate, suggestive or sexual relationships with campers are unacceptable. While hugs and pats on the back are encouraged, all displays of affection must be in public view of other staff and done appropriately, with respect and common sense.

\*If a child is uncomfortable with displays of affection, staff will respect the "space" of the camper. To determine whether a gesture is appropriate or not, see the camp director and refrain from touching or hugging until your concerns are answered.

\* "Full time" staff will monitor other volunteers and not leave any part time volunteer or any staff member under the age of 21 alone with any individual child or small group of children (fewer than 3 children). "Full time" staff is defined as staff who are at camp more than 2 days **and** have attended entire orientation. The director will explain any extenuating circumstances or exceptions.

\*No staff member will ever hit, physically or emotionally abuse, or in any way embarrass, tease, demean or degrade a camper, staff member or other volunteer for any reason.

\*If conflict mediation between parties (camper to camper, camper to staff, staff to staff, staff to other volunteers or facilitators) is necessary see the director or board member on duty.

\* Staff members will comply with CHILD PROTECTION POLICY for the safety and security of adults and youth.

\*Staff members will not be in the possession of or use alcohol, drugs, or any illegal substance during the camp session. Illegal drug use or other illegal activity outside of camp will also be cause for dismissal. Use of tobacco products will be at the discretion of the owners/managers of the camp rental sites. If Camp Care-A-Lot staff use these products, it will be off camp areas, away from any view of campers and other staff and they will do so safely with regard to fire prevention. The smell of tobacco products will not be tolerated. Take care to cover this up.

\*Staff members may not have in their possession or on camp grounds: firearms, sling shots, fireworks, water pistols, any knives or other weapons or materials resembling weapons.

\*Rental camp ground sites and facilities are to be treated with proper care and respect: No littering; damage or altering of facilities of any kind; No damaging or cutting down trees, bushes, etc. When hiking stay on hiking paths at all times. "Take only photographs and leave only footprints."

\*Staff members shall comply with all camp safety rules, curfews and common safety practices.

- No one is permitted at the waterfront area at any time other than scheduled times. At those times there must be a certified rental camp lifeguard in attendance AND you must get permission from director.
- No candles, matches, food, beverages (except water) or medications in the cabins for any reason. All medications and CELL PHONES must be held by the nurse or director in their stations. It is encouraged. To keep keys there as well. NO CELL PHONES AROUND CHILDREN AT ALL, for any reason.

\*All part time staff (or full time day volunteers) must check in with designated person **each** day.

\*Absolutely no full time staff member will leave the campgrounds for any reason other than emergency. In an emergency, staff member must check out with 2 of the following: the Camp Director, Executive Director. Board Member designate. For safety sake, all staff must be accounted for at all times.

\*All staff members will be pleasant, friendly, and cooperative and will follow all camp guidelines.

**CAMP CARE-A-LOT IS A NO TOLERANCE FACILITY:** Any behavior not consistent with this Code of Conduct will result in immediate dismissal from camp.

SIGNED·

DATE·

**This page only needed for  
LEADERS (under age 18) Release form**

I, (parent/guardian) \_\_\_\_\_, authorize my son/daughter, to participate in the LEADERS program at Camp Care-A-Lot July 16 - 23, 2011 held at the Mississippi Valley Christian Camp, Pittsfield, Il.

On Saturday, July 16, (orientation) I understand that (son /daughter's name) \_\_\_\_\_ will be at a training site, 1st Baptist Church, 1701 W. Mound, Jacksonville, Illinois by 8:00 AM, be transported or drive with signed consent, to camp approximately 5:00 PM and stay there until July 23, with the exception of emergency.

On Sunday, July 17th and Saturday, July 23rd, I understand that my son/daughter will leave camp about 11:00 AM and go to the 1st Presbyterian Church, Jacksonville, for camper check in and check out. On Thursday, July 21, 2011, there is a possible field trip to Jacksonville. He/She may take the bus or ride with a camp staff adult to the check in/out site and/or the field trip site and from the sites back to camp.

In consideration of Camp Care-A-Lot allowing my son/daughter to be a LEADERS participant at camp, I hereby release Camp Care-A-Lot and its officers, agents and employees, whether paid or volunteers, from any and all liability for loss of life, personal injury and/or damage to property arising out of my son's/daughter's participation at camp and/or while traveling to and from camp and camp related activities including but not limited to: orientation, meetings and field trips and agree to indemnify and hold them harmless from and against any and all claims, actions, damages, cost and expenses, including attorney fees, arising from said participation and or travel.

ALTERNATELY: I (parent/guardian) \_\_\_\_\_ will be the one to furnish my child with transportation to and from camp and/or orientation and take all responsibilities for my child.

Signature \_\_\_\_\_ date \_\_\_\_\_

Print name \_\_\_\_\_

PHONE number (H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_

ADDRESS (with zip) \_\_\_\_\_

Eydee Schultz, Executive Director \_\_\_\_\_ date \_\_\_\_\_

A person to contact in case of emergency if I can't be contacted: \_\_\_\_\_  
relationship \_\_\_\_\_ phone \_\_\_\_\_

**OTHER PEOPLE ALLOWED BY ME TO PICK UP MY SON/DAUGHTER:  
MUST SHOW PHOTO ID UPON PICK UP**

name \_\_\_\_\_ phone \_\_\_\_\_

name \_\_\_\_\_ phone \_\_\_\_\_

Camp volunteer driver (if applicable) \_\_\_\_\_ date \_\_\_\_\_

