

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

February 17, 2011

Dear Volunteer,

Thank you for your interest in becoming a Camp Sunrise Volunteer Counselor. You will find an application and other pertinent information enclosed.

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 17 are required to attend the first training session which will be held at Camp Warwick on Saturday, June 25, 2011. 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 May 6, 2011

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 2010 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 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 May 6, 2011. 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. We look forward to hearing from you.

Cordially,



Scott Cherry
Camp Warwick Director

APPLICATION DEADLINE: FRIDAY, MAY 6, 2011

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



2011 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 - 06/26/11 - 07/01/11
____ WEEK 2 - 07/03/11 - 07/08/11
____ WEEK 3 - 07/10/11 - 07/15/11
____ WEEK 4 - 07/17/11 - 07/22/11
____ WEEK 5 - 07/24/11 - 07/29/11

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 2010.**

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.

Counselor Name (Print)

Counselor Signature

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 _____

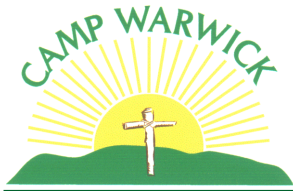
Please submit statement of how you have been treated and with what medication.

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

- 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

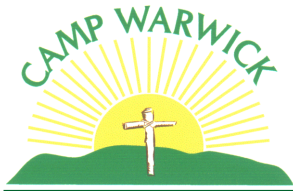
- excellentexceptionally stable and consistent
- goodwell balanced in most situations
- averageusually well balanced
- poormoody or emotionally inconsistent
- not able to judge

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



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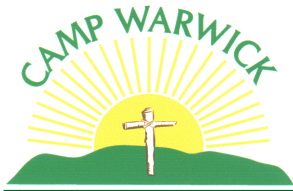
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- not able to judge

Motivation / Initiative

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

Integrity

- excellentconsistently trustworthy
- goodgenerally honest and true
- averagemay stretch the truth
- poorquestionable
- 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

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. _____

Motivation / Initiative

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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

Work Ethic

- excellent . . .gives 100%
- goodputs in a fair day's work
- averagedoes enough to get by
- poorlazy
- 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

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

- Ever been charged with or convicted of a crime or a DUI? yes no
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- goodputs in a fair day's work
- averagedoes enough to get by
- poorlazy
- 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

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. _____