



CAMP SNOWBALL

VOLUNTEER COUNSELOR APPLICATION

All applications are processed on a first-come, first-served basis by postmark date.
APPLICATIONS WILL ONLY BE PROCESSED IF COMPLETED IN FULL.
 You will receive verification by mail indicating the weekend(s) that you have been accepted.

 Volunteer Counselor's Name

 Street Address

 City, State, Zip

(_____) _____
 Telephone Number

 Email Address

How can you best be contacted? Check one: ___ Telephone ___ Email ___ Regular Mail

 D.O.B.

 Age

 Grade Level

I AM A RETURNING VOLUNTEER

INDICATE LAST YEAR SERVED: _____

I AM A NEW APPLICANT

New applicants, please answer the following questions on a separate sheet of paper.

1. What are your reasons for wanting to volunteer at Camp Snowball?
2. What experiences have you had that would assist you in working at Camp Snowball?
3. What personal qualities do you possess that would benefit the Camp Snowball program?

I WOULD LIKE TO VOLUNTEER FOR:

___ ONE WEEKEND ___ BOTH WEEKENDS

Please indicate your weekend preferences below by 1st or 2nd choice.

___ NOVEMBER 4-6, 2011 / At the Conference Center ___ APRIL 13-15, 2012 / At Camp Warwick

APPLICATION CHECKLIST

These forms must be submitted with your application in order for it to be considered. Please initial that you have included these forms.

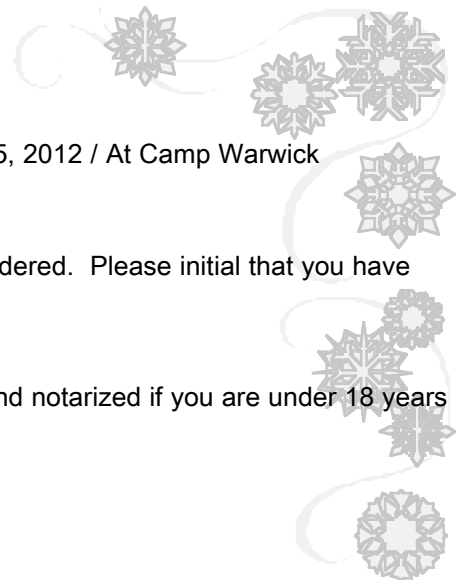
- ___ Essay questions (new applicants only)
- ___ Completed & signed health/registration form (signed by parent/guardian and notarized if you are under 18 years of age)
- ___ Authorization for Administering Prescription Medications Form
- ___ Signed "Guidelines for Living and Working Together At Camp Snowball"
- ___ Signed Off-Site Activity Consent Form

MAIL APPLICATION FORMS TO:

Patricia Ciampa / CAMP SNOWBALL

The Warwick Center, P. O. Box 349, Warwick, NY 10990

~ BOTH SIDES OF THIS FORM MUST BE COMPLETED IN FULL ~



REFERENCE INFORMATION

Volunteer Counselor's Name

ALL NEW VOLUNTEERS ARE REQUIRED TO SUBMIT THREE CHARACTER REFERENCES.
PLEASE USE THE REFERENCE FORMS THAT ARE ATTACHED.

Please indicate below the names and complete addresses of three adults other than family or friends (pastor, teacher, employer, etc.) whom you have asked to complete the reference questionnaires and who are qualified to give further information about you. Anyone employed by The Warwick Conference Center / Camp Warwick is not eligible to serve as a reference. We are required by the Orange County Board of Health to have three references on file for all counselors.*

Reference Name #1

Relationship to Applicant

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Organization (employer, church, etc.)

Day Telephone

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Street Address

Night Telephone

City

State

Zip

Email Address

Reference Name #2

Relationship to Applicant

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Organization (employer, church, etc.)

Day Telephone

()

Street Address

Night Telephone

City

State

Zip

Email Address

Reference Name #3

Relationship to Applicant

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Organization (employer, church, etc.)

Day Telephone

()

Street Address

Night Telephone

City

State

Zip

Email Address

* If you have volunteered with either Camp Sunrise or Camp Snowball in the past, you will not need to re-submit your references.