

For Office Use Only	
_____	Received
_____	Interviewed
_____	Contacted
_____	Fingerprinted



Return Completed Application to: Every Child Home Attn: Camp Hero PO Box 15249 Panama City, FL 32405 Please include a photo with application OR Email completed form along with a photo to camphero@everychildhome.com
--

CAMP HERO

at Laguna Beach Retreat Center
 Panama City Beach, Florida
 850.254.8494 • everychildhome.com
 July 19-23, 2021

COUNSELOR/STAFF APPLICATION

Instructions: Please print or type. All responses are confidential. This form must be completely filled out, as the information is vital to your acceptance and possible placement as a counselor.

_____	_____	_____
Date	Current Drivers License # (a photocopy of license must accompany application)	Social Security #

_____	_____	M _____ F _____ / ____ / ____
Last Name	First Name	Sex Birthdate

_____	_____	_____
Street	Age	Marital Status

_____	_____	_____
City	State	Zip

_____	_____	_____
Occupation	Name of Employer	Number of years

How long have you lived at the address you have given above? _____ Years and _____ months
 If you have lived at this address for less than one year, list your complete addresses for the last five years:

(____) _____	(____) _____
Home Phone	Work Phone

_____	_____	(____) _____
Emergency Contact	Relationship	Phone

T-Shirt Size (Adult Sizes): Small Medium Large Adult XL Adult 2XL Adult 3XL Other _____

Do you have certification in the following?: CPR First Aid Life Guard Nurse EMT

Do you have previous training or background in dealing with abused, neglected or abandoned children?

No Yes. If yes, please describe: _____

Were you a victim of abuse, neglect or abandonment as a minor?: No Yes

Yes, but I would prefer to discuss this in person.

If yes, please provide additional information. We realize this question may be uncomfortable, but your answer helps us as we make staffing decisions. A yes answer does not prevent your application from being considered:

Please describe why you wish to be a counselor for Camp Hero (use the back for space if necessary):

MEDICAL HISTORY

Do you have any medical conditions (including dietary restrictions)? No Yes If yes, please describe:

Do you take any medications? No Yes If yes, please list medication(s), reason(s), and any side effects:

Have you had any serious illness or injuries in the last three years? No Yes If yes, please list:

Have you any physical handicaps or conditions preventing you from performing any type of activity?

No Yes If yes, please list:

RECORD OF EDUCATION

High School Name: _____ Date of Graduation: _____

College: _____ Major: _____ Date of Graduation: _____

Other: _____ Major: _____ Date of Graduation: _____

PERSONAL REFERENCES (not former employers or relatives)

1. _____
Name Address Phone

2. _____
Name Address Phone

3. _____
Name Address Phone

PERSONAL PROFILE

Do you have any previous experience working with children? No Yes If yes, please describe:

Do you have any previous experience working with abused children? No Yes If yes, please describe:

Do you feel you could lead a family group session of around 15 campers with material we provide? Yes No

Please circle all the words below which you believe accurately describe you:

Timid	Gentle	Impatient	Modest	Nervous	Loving
Tactful	Mature	Sarcastic	Patient	Angry	Deliberate
Congenial	Compassionate	Stubborn	Kind	Studious	Selfish
Secure	Considerate	Abrasive	Trustworthy	Motivated	Verbal
Organized	Impulsive	Intelligent	Insecure	Relaxed	

List three strengths and three weaknesses you have in working with children (please be specific)

Strengths

1. _____

2. _____

3. _____

Weaknesses

1. _____

2. _____

3. _____

Are you available to attend camp and stay onsite at Laguna Beach retreat center July 19-23? No Yes

If you answered "no" above, what is your interest/availability? Please note that full-week counselors are our area of greatest need. Please check all that apply. Pre-Camp Preparations Registration/Check-In (Mon., 7/19)

Daytime Help (7/19-23, please specify date(s): _____

Birthday Celebration (currently planned for Thurs., 7/22 Closing Activities (Fri., 7/23)

I would prefer the campers to whom I am assigned to be: 7-9 Yrs Old 10-12 Yrs Old No preference

(Please note that final assignments will be made based on registration and preferences cannot be guaranteed.)

Are you able to swim? No Yes

Are you comfortable going to the beach? No Yes

Are you comfortable going into the ocean? No Yes

CRIMINAL BACKGROUND

If your records have been expunged pursuant to applicable law, you are not required to answer yes to the following questions. If you are unsure whether to answer yes, we strongly suggest that you answer yes and fully disclose all incidents. In addition to these questions, if you are selected as a staffer a criminal background check will also be performed.

1. Have you ever been **convicted** of or **pleaded guilty** to any crimes (including crimes of record which have been expunged and pleas of 'no contest'), including municipal, state and federal?
 Yes No

2. Have you ever been **placed on probation**, received a **Suspended Execution, Suspended Sentence** or **Suspended Imposition of Sentence** for any offense involving a minor child (a child under 18), or been **placed on ANY local, state, or federal sexual registry**?
 Yes No

3. Have you ever been **sued in a civil court** of law where the allegations in the suit involved **illegal, inappropriate, or sexual conduct** or contact with a minor child?
 Yes No

4. Have you ever been subject to any **court order** involving any **sexual, physical or verbal abuse** including but not limited to any domestic violence or civil harassment injunction or protective order?
 Yes No

5. Have you ever **resigned, been terminated or been asked to resign** from a position, whether paid or as a volunteer, due to a **complaint(s) of sexual, physical or verbal abuse of minors**?
 Yes No

REPRESENTATIONS AND RELEASE

I understand that Camp Hero maintains strict policies against any form of child abuse, and that violation of these policies may be cause for immediate dismissal. Child abuse is punishable by law, and **Camp Hero is bound by law to report allegations of abuse or any inappropriate sexual contact to the proper authorities**. All reporting is kept confidential, by law. All volunteers **must** commit to immediately report any behavior that seems suspicious, questionable, abusive or inappropriate, including child-to-child, staff-to-child, and staff-to-staff.

If YOU are struggling with a **sexual attraction to children**, you should **opt out of service in Camp Hero** or any other child-serving organization, and seek help from an appropriately trained and licensed caregiver.

I understand that I will be required to submit to a background check as a condition of acceptance as a volunteer, and that unsatisfactory results, refusal to cooperate, or any attempt to affect the results of these background checks will result in me being removed as a volunteer or volunteer applicant.

I hereby certify that all of the information provided by me in this application (and in any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in these documents may (or will) be cause for the denial of acceptance as a volunteer, or immediate removal as a volunteer, regardless of the timing or circumstances of discovery.

In consideration of the receipt and evaluation of this Application by Every Child Home, Inc. and Camp Hero, I hereby authorize you to contact any references, churches, youth groups, schools attended, former and present employers, charities, courts, and any other person, agency, or organization that may have information about me, and for them to provide to you such information (including opinions) that they may have regarding my character and fitness for working with children; I hereby release any such references, churches, youth groups, schools attended, former and present employers, charities, courts, and any other person, agency, or organization who may have provided information about me, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization. I also agree to hold Every Child Home, Inc. and Camp Hero harmless from any damages created by my unwarranted attempt to collect damages for providing information described above. I waive any right that I may have to inspect any information provided about me or by any person or organization identified by me in the Application process.

I understand that submission of an application **does not guarantee** my acceptance as a volunteer. I further understand that should Every Child Home, Inc. and Camp Hero extend an offer to me as a volunteer, it is for **no specific duration** and may be **revoked** by Every Child Home, Inc., Camp Hero Camp Leadership, or me **at any time, with or without cause**.

I understand that none of the documents, policies, procedures, actions, statements of Every Child Home Inc., Camp Hero, or their representatives and agents used during the volunteer application process is deemed a contract, real or implied. If accepted as a volunteer, **I agree** to conform to the **rules, regulations, policies, and procedures** of Every Child Home, Inc. and Camp Hero while serving as a volunteer, and I understand that such compliance is a condition of remaining a volunteer.

I have carefully read the above Application and this Acknowledgement and Release, and know and understand its contents; I also know the above is a legally binding agreement. I sign this Application and Release of my own free will.

Print Name

Signature

Date

Witness Name

Witness Signature

Date