



Camp Spearhead Summer Volunteer Application

2013

Dear Volunteer Applicant,

Thank you for your interest in becoming a part of the Camp Spearhead family. We are a special needs camp that serves children and adults with disabilities and are operated by the Greenville County Recreation District. We welcome volunteers and value their service to our campers. Camp Spearhead operates for eight weeks in the summer and we like to say we offer a traditional camp setting, to a non-traditional population.

Camp Spearhead relies on volunteers to be there as assistance to our campers, ensuring that they get the most from their experience at camp. We ask that you commit to a two week session, during which the first week you will get to know the campers and help out around camp. The second week you will be working directly with the campers. Our camper population is very diverse in regards to age, functioning level, and background. Work at camp is not always easy, but we believe it is very rewarding!

Enclosed you will find:

- ❖ Volunteer requirements -
 - **Volunteers must be 18 years or older.**
 - Chosen volunteer applicants must be available to attend one **full** day of staff training between May 26-31 (the day will be designated).
 - Chosen volunteer applicants must be available to arrive at camp on the Sunday evening before their volunteer assignment begins.
 - *A copy of driver's license and social security card to verify identification.*
- ❖ Brief Volunteer Cabin Counselor job description
- ❖ Volunteer application
- ❖ 2-page Background Check Form
- ❖ Two confidential reference forms (please have your references complete and submit these prior to your interview)

Please mail, fax, or email completed forms to the following:

- ❖ Camp Spearhead 4806 Old Spartanburg Rd, Taylors, SC 29687
- ❖ 1-864-288-6499 ATTENTION:Joni Dilworth
- ❖ joni@gcrd.org

We review applications on a continual basis and are always looking for positive people, willing to serve. Once we receive your completed application we will contact you by email or telephone to set up an interview. Please note, individuals chosen for a summer camp position are not eligible for compensation for their volunteer service, nor are they considered employees for any purpose.

Thank you for applying to serve as a volunteer with Camp Spearhead. Should you have any questions please feel free to contact Joni Dilworth at 864-288-6470 ext. 126 or joni@gcrd.org.

Sincerely,

Joni Dilworth
Program & Volunteer Coordinator

Volunteer Cabin Counselor Job Description



QUALIFICATIONS:

1. At least 18 years of age.
2. Watch at least one Camp Spearhead slideshow video prior to interviewing.
3. Ability to commit to two full weeks (one consecutive session) of volunteering at camp.
4. Ability to attend one full day of staff training between May 26-31 (day will be designated).
5. Ability to arrive at camp the Sunday evening prior to assigned volunteer session.
6. Ability to accept supervision and guidance.
7. Ability to observe camper behavior, assess appropriateness, enforce safety regulations, emergency procedures and apply appropriate behavior management techniques.
8. Ability to physically and mentally *assist* in taking care of 8 – 14 campers 24 hours a day, each day camp is in session, while working and living with other Camp volunteers and staff.
9. Possess the mental and emotional strength/endurance required to maintain constant supervision of, interaction with campers and participation in activities over the course of the volunteer assignment, while remaining alert, friendly and patient.
10. Ability to handle various work exposures including but not limited to environment (weather, noise, exposure to human waste, etc), physical demands (standing, walking, lifting, activity participation, etc) and emotional/mental demands (camp participation, understanding of policies and procedures, consistent interaction with staff, volunteers and campers).
11. Ability to lift up to 75 pounds.

GENERAL RESPONSIBILITIES:

A Camp Spearhead volunteer cabin counselor is directly responsible for working with his/her assigned cabin to aid in ensuring clean, healthy, safe and appropriate camper interaction and care. Volunteer Cabin Counselors will work with Staff Cabin Counselors to ensure campers and staff or volunteers maintain proper staff to camper ratios.

SPECIFIC RESPONSIBILITIES:

1. Live in the cabin with campers and staff serving as a leader, supervisor, role model and caregiver.
2. Help campers have a safe, happy and empowering camp experience by providing opportunities for campers to experience individualized success during camp.
3. Develop and enhance positive interaction between campers and staff.
4. Support campers in problem solving and socially appropriate behaviors.
5. Provide supervision and assistance in all aspects of the campers' daily life including, but not limited to:
 - Meals/camper dietary needs
 - Cabin clean up
 - Camper hygiene
 - Attendance and participation at activities/evening programs
 - Rest hour/Cabin time
 - Bedtime preparation
 - Camper to camper interaction
6. Develop and enhance positive interaction between volunteers and staff.
7. Bring attention to any camper related issues (such as homesickness, behavior issues, disclosure issues, etc) to Male or Female Cabin Leads and the Volunteer Coordinator.
8. Ask for help and feedback.
9. Help instruct campers in case of emergency.
10. Participate in the required staff training times for Volunteers and Volunteer orientation (Sunday night before assigned session).
11. Know, adhere to, and implement the policies and procedures of Camp Spearhead.
12. Perform any other duties deemed necessary by the Camp Spearhead administrative staff.

Camp Spearhead
4806 Old Spartanburg Rd
Taylors, SC 29687
Phone : 864 288 6470 ext.126
Fax: 864 288 6499
E-mail: joni@gcrd.org



Volunteer Application

(Please note: Minimum age for volunteers is 18. All volunteers must complete the application).

Name: _____

Male ___ Female___

Current Address: _____

Permanent Address: _____

_____ Apt. _____

_____ Apt. _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone: _____

Phone: _____

Cell: _____

Email (required) _____

Please check appropriate box for position and session you are applying for:

Summer Camp (1 week commitment):

___ Cabin Counselor

Session Assignment Availability/Request:

___ Session 1 (June 3-14)

___ Session 2 (June 17-21 & July 1-5)

(Session 2 has a one week break due to another special needs camp using the facility)

___ Session 3 (July 8-19)

___ Session 4 (July 22-August 2)

Are you currently certified in any of the following? (Please attach a copy of certificate)

___ First Aid ___ CPR ___ Lifeguard ___ Water Safety ___ Ropes Course

Do you have any other certifications or professional licenses? (nursing, teaching, CDL, etc...)

Why do you want to volunteer with Camp Spearhead? _____

Have you ever worked with any special needs populations? In what capacity? ____ Children ____ Adult

What qualities about you will help you serve as a volunteer with Camp Spearhead?

What special gifts or talents would you bring? _____

What experience do you hope to gain from volunteering? _____

How did you hear about Camp Spearhead?

College / University _____

Internet _____

Friend _____

Camper _____

Other Organization _____

Other _____

VOLUNTEER AND COMMUNITY SERVICE EXPERIENCE:

1) Organization: _____ Position: _____
City: _____ State: _____ Zip: _____ Phone: _____
Supervisor Name: _____ Dates: _____

2) Organization: _____ Position: _____
City: _____ State: _____ Zip: _____ Phone: _____
Supervisor Name: _____ Dates: _____

3) Organization: _____ Position: _____
City: _____ State: _____ Zip: _____ Phone: _____
Supervisor Name: _____ Dates: _____

EDUCATION:

Please give name and city of: Level Achieved: Diploma or Degree/Area of Concentration:

High School		
College		
Graduate School		
Other Education		

EMPLOYMENT EXPERIENCE: *(Present or most recent work experience)*

Company/Organization: _____ **City:** _____ **State:** _____
Position: _____ **Phone:** _____
Supervisor: _____ **Dates:** _____

Company/Organization: _____ **City:** _____ **State:** _____
Position: _____ **Phone:** _____
Supervisor: _____ **Dates:** _____

REFERENCES: (References must be 18 or older AND only one relative may be listed.)

EMAIL ADDRESSES ARE REQUIRED: (Please clearly print the email addresses of all your references.)

- 1) Name: _____ **E-mail:** _____
Nature of Relationship: _____ Phone: _____
- 2) Name: _____ **E-mail:** _____
Nature of Relationship: _____ Phone: _____
- 3) Name: _____ **E-mail:** _____
Nature of Relationship: _____ Phone: _____

BACKGROUND INFORMATION:

1. Have you ever been convicted, of a crime other than a minor traffic violation? ____ **Yes** ____ **No**
In what county? _____ **In what state?** _____
2. Are there any criminal charges pending against you? ____ **Yes** ____ **No**
In what county? _____ **In what state?** _____
3. Have you ever had any license, certificate or employment suspended, revoked, terminated or adversely affected? ____ **Yes** ____ **No**
4. If yes to any of these questions, provide a full description including dates, circumstances, and authorities involved _____

_____.

PLEASE NOTE: before offering a volunteer position with Camp Spearhead, the candidate's background information must be checked and cleared. Please complete the Applicant's Certification and Agreement AND Consumer Authorization form.

APPLICANT'S CERTIFICATION AND AGREEMENT
Please read carefully and sign below

I, _____ (Print Name) hereby authorize Camp Spearhead / Greenville County Recreation District to obtain information pertaining to any charges or convictions I may have for federal and/or state criminal or other violations. This information will include, but not be limited to; allegations and convictions committed upon minors, and will be gathered from any law enforcement agency of any state or federal government agency or authority.

I hereby authorize and instruct all persons, public agencies, courts, schools, employer companies and corporations to supply to Camp Spearhead / Greenville County Recreation District verification of the information provided in my application.

The above statements are true and complete in all respects.

I understand that as a volunteer I am not eligible for compensation, nor am I considered and employee for any purpose.

Any falsification, misrepresentation, or incompleteness in this disclosure is alone grounds for disqualification. The information that I have provided may be verified and/or corrected by Camp Spearhead/ Greenville County Recreation District by contacting persons or organizations named in this application.

Applicant Signature: _____ Date: _____

Print Full Name: _____

By submitting this signed volunteer application, I affirm that all information contained in this application and asserted during the pre-volunteer assignment process is true, complete, and accurate. I authorize Greenville County Recreation District (GCRD) to investigate and confirm all information contained herein (and on resume, if provided). Further, I authorize the employers and references listed to give you any and all relevant information concerning my employment and any pertinent information they may have. I release all parties from all damage and liability that may result from utilization of such information. I also understand that the discovery by GCRD of false or misleading information given in my application, resume, interviews, or at any time in the pre-volunteer placement process will disqualify this application from further consideration and if already an active volunteer, will be grounds for immediate termination of said placement.

I understand that under certain circumstances, GCRD volunteers are subject to alcohol and drug testing. I also understand that any volunteer assignment is contingent upon an acceptable background check (GCRD conducts nationwide criminal and sexual predator background checks, driver's license checks as applicable).

I understand that nothing contained in this volunteer application or in the granting of an interview is intended to create a contract between me and the GCRD; and further understand that if the organization/volunteer relationship is subsequently established, I will have the right to terminate my volunteer commitment at any time and GCRD will have the right to terminate my assignment at any time, for any reason or no reason.

CONSUMER AUTHORIZATION

- I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, education history, along with reasons for termination of past employment/education/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that General Information Services, Inc., on behalf of Greenville County Recreation District ("GCRD") may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with consideration of potential employment or volunteer activities with GCRD now or at any time during my tenure with GCRD, and give my full consent for this information to be obtained.
- II. According to the **Fair Credit Reporting Act** (FCRA, Public Law 91-508, Title VI), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.
- IV. I understand that if I am a resident of **Minnesota/Oklahoma/California (only)** I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box .
- V. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by General Information Services, Inc. to furnish the information described in Section I.
- VI. Communications with General Information Services, Inc. should be directed to PO Box 353, Chapin SC 29036 or (866) 265-4917.

VOLUNTEER CANDIDATE COMPLETES THE FOLLOWING:

Signature	Today's Date
Please print full name	
<p>The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.</p>	
Month, Day and Year of Birth	Social Security Number
Home Address	City State Zip
Driver's License Number and State	Name as it appears on License
Please print any other names you have used (including maiden name if applicable)	

Have you ever been convicted of a crime? No Yes If yes, please provide city and state of conviction and details of conviction.

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, General Information Services, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures General Information Services, Inc. that users are familiar with and will abide by their obligations, as stated in the **FCRA**, to the individuals named in these reports. If information contained in this report is responsible for an adverse employment decision regarding an employee or candidate, have the candidate/employee contact General Information Services, Inc.



Please have reference complete and submit to:

Joni Dilworth, Program & Volunteer Coordinator
Camp Spearhead
4806 Old Spartanburg Road
Taylors, SC 29687
Fax: 864.288.6499

CONFIDENTIAL REFERENCE

Camp Spearhead aims to provide an environment of unconditional acceptance for children and adults (ages eight and up) with special needs. The majority of our participants are adults. Paid staff and volunteers live and work closely with campers, provide personal care when needed and are responsible for campers at all times, while on duty. Staff and volunteers are expected to share in the leadership of camp, particularly by serving as positive role models to ALL campers and visitors.

The applicant, if selected, will need to adjust to a group living environment, learn and apply camper care, communicate clearly with participants and peers, participate in activities and follow strict safety guidelines to assure success and safety of our camp community.

Thank you for taking the time to evaluate the abilities and attitudes of this applicant by circling the words below which you feels describes him/her.

Respectful	Needs direction	Compassionate	Open-minded
Friendly	Easy going	Stable	Exceptional
Adventurous	Know-it-all	Uplifting	Self-centered
Influential	Negative	Considerate	Neat and tidy
Resourceful	Flexible	Takes direction	Diplomatic
Leader	Tactful	Bouncy	Lacks motivation
Passionate	Peppy	Loud	Pioneering
Presentable	Unreliable	Playful	Healthy
Trustworthy	Critical	Takes control	Problem-solver
Enthusiastic	Cooperative	Cautious	Mature
Dishonest	Team player	Cheerful	Gives direction
Active	Dependable	Attentive	Down to Earth
Follower	Pessimistic	Quiet	Successful
Thoughtful	Lethargic	Energetic	Stubborn
Resilient	Adaptable	Helpful	Follows the rules
Flighty	Optimistic	Moody	Culturally capable

Please comment on the following:

In what capacity and for how long have you known the applicant?

What do you see as two of the applicant's greatest strengths?

In what ways does the applicant show a need for growth and development?

Are there any factors which might limit the applicant's effectiveness in the camp and community?

Is the applicant capable of working with children and adults of ethnic and cultural backgrounds different from his/her own? Explain.

Would you be willing to place your child (or any children for who you are responsible) in the care of the applicant?

It is extremely important in the camp setting for staff to model the highest standards in language, dress, manner, respect for self and consideration of others. Do you feel the applicant is capable of leading campers (children and adults) and peers in this way? Please comment.

Signature _____ Date _____

Printed name _____

Name of Company (if applicable) _____

Position _____ Day phone _____

Address _____ City _____ State _____ Zip _____

Email address _____



joni@gcrd.org