

Camp Care-A-Lot *introduction page*  
Eydee Schultz  
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 2010-consolidated camps. You will have an incredible week to always remember. Attached is your application. **Once hired**, all 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:**

- 21 or older - **Counselor OR** Full and part time DAY volunteer
- 18-20 - (PAST CAMPERS) Counselor Assistant (overnight) commit to all week
- 16-17 - (PAST CAMPERS) Junior Counselor days or day/night commit to all week  
(written parental permission needed for anyone under 18)

**Dates:**

- Pittsfield, **Sat.** July 17th-**Sat.** 24th (Children arrive July 18th)

**Orientation:**

- **Mandatory for ALL counselors/volunteers (for more than 2 days)**
- **8:00 A.M.- 9:00 P.M. Saturday July 17th Jacksonville- through dinner**
  - Evening includes setting up materials at camp after dinner in Pittsfield.)
  - (staff will stay at camp on Sat. night after set up)
- **COMPLMENTARY HOTEL ROOMS ARE SECURED FOR OUT-OF-TOWN STAFF** at Cournty Hearth Motel, Friday July 16th 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, 2010.** 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. Lifeguards and Nurses must complete this application.)*

**\*RECRUIT!!!!** Please forward this to potential staff members and people who will help with registration, check out , life guarding, nursing, or anything else. Registration and check out will be held in Springfield and Jacksonville.

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

Camp Care-A-Lot  
Eydee Schultz, Executive Director  
7 Apache Drive

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Springfield, Illinois 62711

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Dates: July 17 - 24, 2010, CAMP CARE-A-LOT (1 session only -CONSOLIDATED CAMPS)

Counselor/Volunteer Application, 2010

Return to the above address by March. 1, 2010

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 2010.

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 18-20) **Sign** \_\_\_\_\_

• FULL TIME JUNIOR COUNSELOR (ages 16-17) **Sign** \_\_\_\_\_

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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 17th. Children leave by 1:00 PM on the last day. Full time counselors will be required to stay until 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**

NAME      HOW KNOWN TO YOU      ADDRESS/CITY/ZIP      PHONE

**\*\*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 may have had trouble working as a team or partnership Why?. \_\_\_\_\_

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

**Staff Health /Treatment Consent/Insurance Form**

**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		
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 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:**  
 Eydee Schultz, Executive Director  
 7 Apache Drive, Springfield, Illinois 62711  
 (217)546-4777 (phone/fax)

\_\_\_\_\_ 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 serve children. Please answer these questions honestly and completely. Thank you for helping us to make camp a safe atmosphere. 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?

\_\_\_\_\_  
(If no, please explain why.) \_\_\_\_\_

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? \_\_\_\_\_

12) Other information which would be helpful to us regarding this person, their personality, relationships with people, 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 Adult Staff ages 16 and over**

\*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 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 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 or medications in the cabins for ANY reason at EVER All medications must be held by the nurse in the nurse station. It is encouraged to keep keys and cell phones there as well.

\*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 both the director and a 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: \_\_\_\_\_

