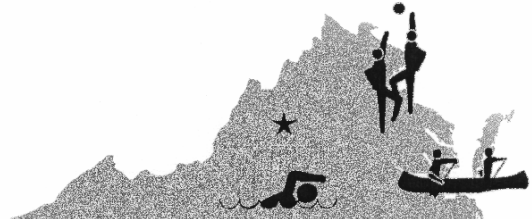


# **Central Virginia Burn Camp**

1960 Candlewyck Drive  
Charlottesville, VA 22901  
(434) 263-6566  
fax -1-800-903-6350  
(please call or email to be sure your fax has come through)  
cvbc1999@yahoo.com  
www.vaburncamp.org  
"Friend" or "Like" us on Facebook



## ***Camp Directors***

***Leslie Baruch***

***Julie Patrick Bonham***

***Tim Wright***

## **RETURNING COUNSELOR and STAFF APPLICATION**

***PLEASE RETURN BY APRIL 15<sup>th</sup>*** (no exceptions)

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_  
FIRST MI LAST

Name to be used on Name Tag (first name only) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

E-MAIL \_\_\_\_\_

WORK OR SCHOOL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER OR SCHOOL \_\_\_\_\_

POSITION \_\_\_\_\_

PHONE \_\_\_\_\_

***\*\* Please indicate mailing address and phone # preference to receive camp calls and mailings  
\*\*\* If you have a temporary or school address, please indicate the dates that you will be at this  
address so all camp mailings get to you on time. \*\*\****

DATE OF BIRTH \_\_\_\_\_

GENDER \_\_\_\_\_ PREFERRED PRONOUNS \_\_\_\_\_

EMERGENCY CONTACT (Name and phone #) \_\_\_\_\_

Do you have any medical conditions of which you want CVBC to be aware? \_\_\_\_\_

ANY SPECIFIC DIETARY NEEDS? \_\_\_\_\_

SHIRT SIZE : Woman's \_\_\_ Men's \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_ XXXL \_\_\_

**EDUCATION** (List the highest level completed. List degrees or certifications)

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**WHAT CERTIFICATIONS DO YOU POSSESS?**

CPR \_\_\_\_\_ EMT \_\_\_\_\_ ACLS \_\_\_\_\_ LIFE GUARD \_\_\_\_\_ OTHER \_\_\_\_\_

**NUMBER OF YEARS AT CENTRAL VIRGINIA BURN CAMP (incl. this yr.)** \_\_\_\_\_

**LIST ROLE AND RESPONSIBILITIES FOR EACH YEAR:**

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**WHY DO YOU WISH TO RETURN TO CAMP THIS SUMMER?**

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**WHAT SHOULD BE DONE AT CAMP THIS SUMMER TO MAKE IT A BETTER EXPERIENCE FOR CAMPERS AND COUNSELORS?** \_\_\_\_\_

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**WHAT WILL YOU DO TO MAKE CAMP A BETTER EXPERIENCE FOR CAMPERS AND COUNSELORS THIS SUMMER?** \_\_\_\_\_

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**PLEASE GIVE US SUGGESTIONS FOR TOPICS THAT YOU WOULD LIKE TO HAVE INCLUDED IN THE COUNSELOR ORIENTATION – TO HELP YOU AS AN EXPERIENCED COUNSELOR, OR TO BETTER PREPARE NEW COUNSELORS:**

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**WHAT ROLE WOULD YOU LIKE TO HAVE IN COUNSELOR ORIENTATION?**

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**DO YOU HAVE A CAMPER AGE GROUP PREFERENCE OR SPECIFIC CAMPER THAT YOU WOULD LIKE TO WORK WITH ?** (this will not be guaranteed)

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**WOULD YOU BE WILLING TO SUPERVISE AND MENTOR A COUNSELOR-IN-TRAINING ?)** \_\_\_\_\_

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**DO YOU HAVE ANY SUGGESTIONS FOR CAMPER CABIN ASSIGNMENTS AND / OR CAMPER – COUNSELOR ASSIGNMENTS?** \_\_\_\_\_

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**CAMP ACTIVITIES**

**WHICH ACTIVITIES AT CAMP WOULD YOU LIKE TO HELP OUT WITH THIS YEAR?** \_\_\_\_\_

**WHAT SUGGESTIONS FOR NEW OR IMPROVED ACTIVITIES, OR IMPROVEMENTS IN GENERAL, DO YOU HAVE?** \_\_\_\_\_

**AGREEMENT AND RELEASE**

Have you ever been convicted of any crime, whether misdemeanor or felony (but excepting traffic violations), or fined (except for traffic violations)? No \_\_\_\_\_ Yes \_\_\_\_\_  
(If yes, explain) \_\_\_\_\_

Have you ever been accused of, arrested for, charged with, convicted of, or in any other way involved in a crime against a child, including but not limited to allegations of contributing to the delinquency of a minor or sexting? In answering this question, you are not required to provide information concerning arrests or charges that have been expunged. No \_\_\_\_\_ Yes \_\_\_\_\_  
(If yes, explain) \_\_\_\_\_

**I UNDERSTAND THAT IF THIS INFORMATION CHANGES BEFORE THE CAMP SESSION BEGINS, I MUST NOTIFY THE CAMP.**

This is to certify that I, \_\_\_\_\_, have made application to the Central Virginia Burn Camp, Inc. ("CVBC"), and hereby declare that the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that any misstatements or omissions of fact may cause rejection of this application or dismissal as a CVBC volunteer. I also authorize the release of any information in this application or in any criminal background check as is necessary, in CVBC's sole discretion, to assist its personnel committee in deciding whether to allow me to serve as a volunteer.

I understand that the CVBC's mission is to provide a safe environment for children who have experienced significant burn injuries. It is the CVBC's goal to provide a non-judgmental atmosphere, where children have the opportunity to build their self-esteem as they enjoy the varied activities that make up their camp experience.

Acknowledging this mission, I agree to abide by the policies set forth by the CVBC, and by my signature, verify that I further understand that disregarding any portion of these policies can result in immediate termination of my volunteer position with the CVBC.

I agree to attend the mandatory orientation. I agree to read the Counselor / Staff Handbook prior to camp. Once I have been chosen, if I should for some reason be unable to volunteer, I agree to advise the CVBC by phone, immediately.

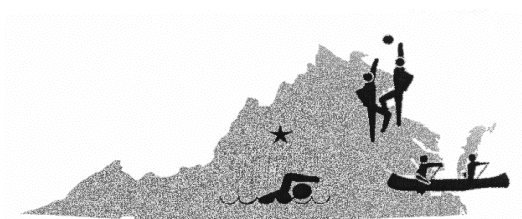
I hereby authorize the CVBC to conduct a background investigation by the Virginia State Police and agree to take all actions necessary to facilitate that investigation. I understand the purpose of this inquiry is to help determine my eligibility for a position as a volunteer camp counselor or staff member at the CVBC. *(Do not include payment - this is paid for by CVBC)*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CENTRAL VIRGINIA BURN CAMP IS ALCOHOL/DRUG FREE!  
"ZERO TOLERANCE"**

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### *Camp Directors*

*Leslie Baruch*

*Tim Wright*

## **Photography Release Form**

I hereby grant permission for the taking of photographs of me and for the use of the photos in furtherance of Central Virginia Burn Camp's mission. Additionally, I grant permission to release information regarding the photos, including my name, for promotion of the Central Virginia Burn Camp. I understand that a photo of me may be used without compensation to me.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

The photograph(s), video, and general information may be used as deemed appropriate in the administration of the Central Virginia Burn Camp, Inc. and Camp Holiday Trails, and may be published in, or used by, any media or publication (including newspapers, magazines, television, radio, pamphlets, brochures, web sites, reports, etc.) without any liability on the part of the Central Virginia Burn Camp Inc., or Camp Holiday Trails.

Signature : \_\_\_\_\_

Date Signed: \_\_\_\_\_