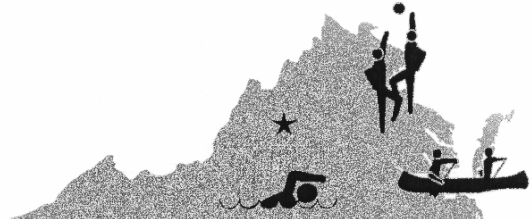


Central Virginia Burn Camp

1960 Candlewyck Drive
Charlottesville, VA 22901
(434) 263-6566
fax (800) 903-6350

cvbc1999@yahoo.com
www.vaburncamp.org
"Friend" or "Like" us on Facebook



Camp Directors

Leslie Baruch

Tim Wright

RETURNING COUNSELOR and STAFF APPLICATION

PLEASE RETURN BY APRIL 20th (no exceptions)

DATE ____/____/____

NAME _____
FIRST MI LAST

Name to be used on Name Tag (first name only) _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE () _____

CELL 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 _____ SEX M F

EMERGENCY CONTACT (Name and phone #) _____

PERTINENT MEDICAL INFORMATION _____

ANY SPECIFIC DIETARY NEEDS? _____

POLO-SHIRT SIZE : (circle) **Woman's** **Men's** (circle) **S M L XL XXL XXXL**

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

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:

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

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

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

PLEASE GIVE US SUGGESTIONS OF 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:

WHAT ROLE WOULD YOU LIKE TO HAVE IN COUNSELOR ORIENTATION?

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

Females Only – **DO YOU HAVE A CAMPER GENDER PREFERENCE ? ?** (this will not be guaranteed) _____

WOULD YOU BE WILLING TO SUPERVISE AND MENTOR A COUNSELOR-IN-TRAINING (formally Junior Counselor) _____

DO YOU HAVE ANY SUGGESTIONS FOR CAMPER CABIN ASSIGNMENTS AND / OR CAMPER – COUNSELOR ASSIGNMENTS? : _____

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, fined, placed on probation, or imprisoned? No _____ Yes _____
(If yes, explain)_____

Have you ever been accused of, arrested for, convicted for, or in any other way involved in an allegation of child abuse? No _____ Yes _____ (If yes, explain)

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

Signature _____

This is to certify that I, _____, have made application to the Central Virginia Burn Camp, Inc., 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 Burn Camp volunteer. I also grant the release of any information that may be helpful to the personnel committee in an investigation of my background.

I understand that the mission for the Central Virginia Burn Camp (CVBC) 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 position with the CVBC.

I agree to attend the mandatory orientation on Saturday June 12th. 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. 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*

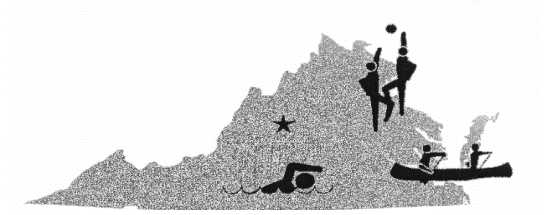
Signature _____

Date _____

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

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Photography Release Form

I hereby grant permission for the taking of photographs of me and for the use of the photos. Additionally, I grant permission to release information regarding the photos 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, reports, etc.) without any liability on the part of the Central Virginia Burn Camp Inc., or Camp Holiday Trails.

Signature : _____

Date Signed: _____