



Camp Dates:
August 11 - 18, 2012

Summer Camp for Burn Injured Youth

New Staff Application

Please note, you must be 18 years of age to be a camp volunteer*

Name _____

Date of Birth ____/____/____

Address _____

City _____ State _____ Zip _____

Phone Numbers:

Home: _____

Work: _____

Cell: _____

Email: _____

Social Security Number: _____ (needed for caregiver background checks)

Contact Name in Case of Emergency _____ Phone _____

Shirt size:

Small

Medium

Large

XL

Position applying for:

Camp Counselor

Medical Staff

Activities Staff

Wisconsin Alliance for Fire Safety - P.O. Box 1442 - Brookfield, WI 53008-1442 - (1-800-315-0911)

info@wafs.org

Employer Name

Employer Address:

City

State

Zip

Phone

Position

E-mail

Ages of children you prefer to work with:

Youth Program, ages 7-12

Teen Challenge Program, ages 13-17

A personal interview is part of the application process. Would you be available to meet with someone from our staff?

Yes

No

Please tell us why you want to volunteer at this camp

Describe other activities involving children that you have had experience with.

**Describe any special skills you may have that could be used at the camp
(for example, playing musical instruments, arts and crafts, other special talents)**

A personal interview is part of the application process. Would you be available to meet with someone from our staff?

Yes

No

Please list two references:

1) Name

Phone Number

Relationship

2) Name

Phone Number

Relationship

Have you ever been convicted, fined, placed on probation, or imprisoned?

Yes

No

Have you ever been accused of, arrested for, convicted of or in any other way involved in an allegation of child abuse?

Yes

No

If I am chosen to be a summer Burn Camp volunteer, I agree to comply with any and all Camp Timber Lee rules, regulations and policies, and agree to attend the mandatory orientation.

I REALIZE THAT IN CASE OF INJURY, MY INSURANCE POLICY IS MY PRIMARY AND EXCLUSIVE REMEDY.

I hereby certify that all answers to the questions contained within this application are true, and I agree and understand that false statements or misrepresentations may cause rejection of this application or dismiss me as a volunteer.

Due to the sensitive nature of dealing with children, WAFS requires a criminal background check on all of our camp volunteers. Your signature below indicates your knowledge and agreement to allow this check.

By checking this box, I agree to the above statements and authorize WAFS to perform a criminal background check as specified in this agreement.

Signature

Please mail to:
WAFS
PO Box 1442
Brookfield, WI 53008-1442
info@wafs.org