



**Camp Dates:**  
August 11 - 18, 2012

## Summer Camp for Burn Injured Youth

Return Staff Application

**APPLICATION DEADLINE. Monday, April 30th, 2012**

**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

**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

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

Yes

No

**If yes, please explain**

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

Yes

No

**If yes, please explain.**

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**