



A WOMAN'S PLACE (AWP) Peace Works Camp

Summer 2018 Teen Camp Counselor Volunteer Application

Positions available for Students Grades 10-12



First & Last Name: _____ Birthdate: ____/____/____

School & Grade (if applicable): _____

T-shirt Size (circle one): Adult S M L XL Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

What is the best way to contact you (phone call, text, email, etc.)? _____

How did you hear about the program? _____

To the Applicant and his/her Parent/Guardian: please read each section below, and sign only the sections with which you agree.

Release of Liability

I acknowledge that there may be natural hazards associated with camp-related activities in the outdoor setting. I hereby affirm that I am/my child is in good health and physically capable of performing camp activities. I hereby release and forever discharge the staff, volunteers, and supporters of Peace Works Camp from all claim of liability for any damages, injuries, or medical fees that may be sustained while I am/my child is at camp.

Applicant Signature

Parent/Guardian Signature

Photo Release

I hereby give my permission for me/my child to be photographed at Peace Works Camp, and for my/my child's picture to be used on AWP's website, publications, or video programs.

Applicant Signature

Parent/Guardian Signature

Release of Teen Camp Counselor:

Unless ordered by a court to do otherwise, all teen camp counselors without a valid driver's license will be released at the end of each day to their parent/guardian OR one of the individuals listed below.

NO EXCEPTIONS. Parents MUST supply AWP with a copy of EACH individual's photo ID prior to Day One of Camp, and photo ID must be provided at time of pick-up. In addition to the parent/guardian listed on page one, _____ may be released to the following individual(s):

First & Last Name of Teen Counselor

Name: _____ Telephone #: () _____

Name: _____ Telephone #: () _____

Parent/Guardian Signature

GENERAL INFO:

Have you completed the AWP Teen Volunteer Training (4 hours)?

☐ Yes ☐ No ☐ Not Sure

**If "No" or "Not Sure", please contact Lark Irwin, Volunteer Manager (lirwin@awomansplace.org or 215-343-9241) to schedule your training. You must complete this training before camp.*

During which week of camp are you interested in volunteering? **(Check all that apply.)**

☐ SESSION I: July 30-August 3 ☐ SESSION II: August 6-10

Please choose ONE week. If you would like to volunteer for both weeks, you will be placed on a waitlist for your second choice. If you have chosen both weeks, please specify your top choice.

TELL US ABOUT YOURSELF!

Please list any previous volunteer experiences you have had with A Woman's Place (AWP).

Describe any jobs, personal experiences, or other volunteer opportunities that you think will help you in being an effective counselor.

Why do you want to be a camp counselor for Peace Works Camp?

Applications must be submitted by **Monday, July 16, 2018**. Mail, email, or fax to:

A Woman's Place

Attn: Jen Hinds (jhinds@awomansplace.org)

P.O. Box 299

Doylestown, PA 18901

Phone: 215-343-9241 ext. 117

Fax: 215-343-3411

Registration will be reviewed on a rolling basis as spots are limited. Submitting an application does not guarantee a spot as a counselor.