A WOMAN'S PLACE (AWP) Peace Works Camp Lower Bucks

Summer 2019 Adult Camp Counselor Volunteer Application

Positions available for Ages 18+

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

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

City: _____ State: _____ Zip: _____

What is the best phone number to reach you? _____

What is your e-mail address? _____

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

How did you hear about the program? _____

_____

Have you completed any of the following AWP trainings? **(Check all that apply.)**

- ☐ Teen Volunteer Training (3 hours)
- ☐ Mandated Reporter Training (3 hours)
- ☐ C.O.R.E. Volunteer Training (6 hours)
- ☐ Direct Service Training (45 hours)

If you have not completed C.O.R.E. Training or Mandated Reporter Training, you must contact Lark Irwin (Lirwin@awomansplace.org or 215-343-9241) to inquire about upcoming training dates.* ***These trainings must be completed before camp.*

Which of the following do you currently possess? **(Check all that apply and attach copies.)**

- ☐ Child Abuse Clearance (done within the last 3 years)
- ☐ Criminal Background Check (done within the last 3 years)
- ☐ FBI Fingerprinting Background Check (done within the last 3 years)

If you do not have one of the above documents, please contact Lark Irwin (Lirwin@awomansplace.org or 215-343-9241) for more information.* ***You must submit all 3 documents to AWP before camp.*

What times are you available to volunteer? **(Check all that apply.)**

- ☐ Mornings (Approx. 8:45 a.m. - 12 p.m.)
- ☐ Afternoons (12 p.m. - 3:15 p.m.)

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 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 at camp.

_____

Signature

Photo Release

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

_____

Signature

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?

Applicant Signature: _____ Date: _____

Applications must be submitted by **Monday, June 10, 2019**. 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.