



# A WOMAN'S PLACE (AWP) Peace Works Camp

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.***

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

- ☐ SESSION I: July 29-August 2
- ☐ SESSION II: August 5-9

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, July 15, 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.