



**SICKLE CELL CAMP
STAFF APPLICATION
AUGUST 11-14, 2017
(Staff Training August 10, 2017)
DEADLINE IS JUNE 1, 2017**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/School Phone: _____

Email Address: _____ Cell Phone: _____

Birth date: _____ Age: _____ Gender: _____ SSN #: _____

Social Networking site address: _____

(We will be checking random sites as part of our background check process)

T-Shirt Size (Please check): S M L XL XXL

EMERGENCY NOTIFICATION:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Number of years you have worked at Sickle Cell Camp: _____

Current Job/School: _____

Following positions are available for volunteers at camp. **ALL STAFF - FULL TIME OR PART TIME MUST BE ABLE TO ATTEND TRAINING - AUGUST 10 (starting at 6:30 am), 2017.**

Please number in priority order you preferences:

___ Cabin counselor (Must be available full time)

___ Rover - Relief Counselor (Preference will be given to full time - some part time positions may be available)

___ Program Support (Implementation of program plans, sports, games, etc.)

___ Arts and Crafts

If you are applying for a position as a Cabin Counselor or Rover (Relief Counselor), please prioritize the age group with whom you prefer to work.

Ages 8-9

Ages 10-12

Ages 13-15

EDUCATION:

	Location:	Major Interests:	Dates:
High School:	_____	_____	_____
College:	_____	_____	_____
Graduate School:	_____	_____	_____

EMPLOYMENT: (Please list last 3 employers – Please complete all parts)

Employer:	Phone:	Job:	Dates:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VOLUNTEER EXPERIENCE: (Please list recent volunteer experience, especially experience in working with children and youth.)

Organization:	Contact Name:	Phone:
_____	_____	_____
_____	_____	_____

CRIMINAL RECORD CHECK:

As a camp we are required to check into the background of persons who have contact with children. We complete background checks through the Washington State Patrol.

Please provide driver’s license number and state issued: _____

By signing this application I give my permission for the administration of the Sickle Cell camp to do a Criminal Background check through any available source. I understand that all information will be held in confidence.

Have you even been convicted of a felony? Yes (Please attach an explanation) No

Would you object to being fingerprinted? Yes No

Have you ever been accused of, or convicted or a crime against children? Yes (Please attach an explanation) No

REFERENCES:

Please give complete information. Your application cannot be processed without complete information: **Please list people who can attest to your character and who are not relatives and do not share housing with you.**

Name:	Complete Address:	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____ Date: _____

Please return this application and attached questionnaire to:

Melanie H Barnes, PhD
Sickle Cell Camp
PO Box 5299 MS:1220-2-PSY
Tacoma, WA 98415

or Melanie.barnes@multicare.org



Sickle Cell Camp

% Melanie H Barnes, PhD
 PO Box 5299 MS:1220-2-PSY
 Tacoma, WA 98415

_____ has applied to be a staff member at a camp for children with Sickle Cell disease. You have been listed as a reference. If you would be willing to take a few moments to complete this form, it would help us in providing a safe and quality experience for the campers. Please return by June 1, 2017.

Thank you for your help and assistance.

Sincerely,
 Melanie H Barnes, PhD
 Sickle Cell Camp Staff Coordinator

- 1) How long and in what capacity have you known the applicant?

- 2) What personal characteristics does the applicant have which would be an asset working with children?

- 3) Are you aware of any reason the applicant should not be entrusted with the care of children?

Please rate the applicant for:	High 1	2	3	4	Low 5	Not Known	Comments:
Maturity							
Ability to relate to peers							
Creativity							
Ability to work with others							
Ability to relate to children							
Self Motivation							
Communication Skills							

Other Comments:

Name: _____ Date: _____



Sickle Cell Camp

% Melanie H Barnes, PhD
PO Box 5299 MS:1220-2-PSY
Tacoma, WA 98415

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