

aask

Aid to Adoption of Special Kids

Dear Potential Sibling Camp Counselor:

Thank you for your interest in becoming a camp counselor for AASK Sibling Camp 2020. Your role as a camp counselor is a vital component to the success of our camp. We want to inform you that when you submit this application you are giving a sincere commitment of availability for the week of June 14th through June 20th.

Upon receipt of your application the Sibling Program Coordinator will contact you, the applicant, to schedule an interview. This interview will strive to get to know you as well as start to educate you about the camp experience. As part of our selection process, references will be contacted by our sibling program coordinator. Upon completion of your interview and reference check you will be informed of your acceptance as a camp counselor, we will make every attempt to ensure this is not later than one week post interview.

Once you have been accepted as a camp counselor, you will be required to complete a background screen. This will include fingerprinting and document preparation. It is each counselor's responsibility to complete required forms in a timely manner. Our sibling program coordinator is a registered Notary of the State of Arizona and is available to notarize necessary documents. In addition to background paperwork, you will be required to fill out personal paperwork, for example emergency contact, but this will occur closer to camp launch.

Your partnership is critical to the programs' success. We urge you to maintain contact with the program coordinator. We will be sending email updates and requesting important information as the weeks progress. If ever you have any questions please do not hesitate to contact us.

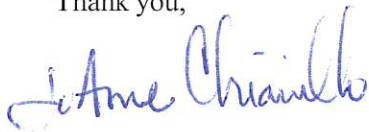
Prior to camp Counselors will be required to attend one of two mandatory training sessions at our Phoenix office to be scheduled in late March or early June. If you are unable to make one of the scheduled sessions (once scheduled) please alert the Sibling Program Coordinator so we may make arrangements to ensure you receive all necessary information.

Sibling Camp maintains a very upbeat and energetic environment- Counselors are critical role models for campers and each other. Camp days are long and will require moderate to strenuous physical outdoor activity including but not limited to, kayaking, hiking and horseback riding. Please be advised that you will need to assess if the level of activity is appropriate for you.

We thank you for your application and look forward to working with you through the Camp experience. If you have any further questions or concerns prior to submitting this application you can reach the Sibling Program Coordinator, Amanda Gonzales, at 602-930-4482.

Siblings Rock!

Thank you,



JoAnne Chiariello
Sibling Camp Director



Amanda Gonzales
Sibling Program Coordinator



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Sibling Camp - New Counselor Application

Tonto Creek Camp

Payson, Arizona

June 14-20, 2020

Counselors are to arrive June 14th around 5pm for orientation/training and must be present for the entire week.

Campers will arrive June 15th.

Please consider you application and commitment to becoming a volunteer counselor carefully. We understand that life events can occur unexpectedly. However, we will accept campers based on the number of counselors who have committed to camp. We will maintain a minimum 3:1 ratio of campers to counselors so if counselors drop out close to the dates of camp the number is campers is adversely impacted. Please feel free to contact Amanda Gonzales at 602-930-4482 if you have questions.

Name: _____

Home Phone: _____

Cell Phone: _____

Preferred Email address: _____

Are you Bi-lingual? Yes _____ **No** _____

If yes, which languages are you proficient: _____

Date of Birth: _____ **Gender:** _____

Have you ever been arrested for a crime? Yes ____ **No** ____

If yes, please attach a signed document indicating the nature and circumstances of the crime(s).

Have you ever been convicted of a crime? (Omit any minor traffic violations)

Yes ____ **No** ____

If yes, please attach a document indicating the nature of the conviction.

Do you have a Department of Pubic Safety Fingerprint Clearance Card?

If yes, please include a copy of it with this application.



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Card number: _____ Expiration date: _____

AASK require clearances for all volunteers through the Department of Justice, Child Abuse Index, Motor Vehicle and/or investigation firms. Do you give AASK consent to obtain these clearances with regard to you serving as a volunteer at Camp? Yes _____ No _____

If no, you will not be able to continue the application and interview process

Residence History:

Current address: _____

City: _____ State: _____ Zip: _____

Length of time at this address: _____

Have you lived in Arizona for the last 5 years? _____

Please List all addresses for last 5 years if no:

Previous address #1: _____

City: _____ State: _____ Zip: _____

Length of time at this address: _____

Previous address #2: _____

City: _____ State: _____ Zip: _____

Length of time at this address: _____

Please add more to the back of paper if needed.

Education years completed: _____

Degree(s) held: _____

Field of Study: _____

If student, list school currently attending: _____

Year in school: _____

Health Status:

Do you have any health issues that would pose a risk to campers or staff?

Yes _____ No _____

If yes, please explain:



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Do you have any health issues that would prevent or limit your participation in camp activities? Yes _____ No _____

If yes, please explain.

Please list all medications currently taking: (Please note that all volunteers will be asked to safe guard all medication while at camp, either with the camp nurse or through other methods to be reviewed in training.)

Do you hold a current CPR Certification? Yes, Ex Date: _____ No

Do you hold a current First Aid Certification? Yes, Ex Date: _____ No

Do you hold current certification to restrain youth? Yes, Ex Date: _____ No

If yes for any above, please include copy of certification.

Volunteer/Wok Experience:

Please list past and current volunteer/work experience:

Please describe any experience you have with children who have been or are currently part of the Arizona Foster Care System?

Please include any special interest or skills you feel may be helpful for us to know or that you may want to share while at camp.



Please provide the name and email of three references that have knowledge of your character, experience and ability to work with youth at camp. Please include only one relative.

Name: _____

Relationship: _____ **Years acquainted:** _____

Email Address: _____

Phone Number: _____

Name: _____

Relationship: _____ **Years acquainted:** _____

Email Address: _____

Phone Number: _____

Name: _____

Relationship: _____ **Years acquainted:** _____

Email Address: _____

Phone Number: _____

Statement of Understanding

I understand the opportunity to participate in AASK Sibling Camp is a volunteer position and therefore, I will not be compensated. I understand that I will be responsible for travel expenses to and from camp.

I understand that I will need to participate in the entire week of camp including volunteer training which may include reviewing documents prior to my arrival.



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I understand that while at camp I will be expected to be involved in daily moderately to strenuous physical activity and am willing to participate in activities at my own risk.

I understand that camp counselors serve as monitors and ensure safety for the children attending camp. Counselors will abide by the DCS discipline policy and employ positive discipline techniques while at camp. I understand I am considered a mandated reporter while volunteering as Counselor.

I authorize investigation of all statements herein and release AASK and all others from liability in connection with it. I understand that if I am chosen to volunteer, it will be at-will, and any agreement to the contrary must be in writing and signed by AASK. I also understand that the untrue, misleading or omitted information herein or in other documents completed by the applicant will result in dismissal regardless of the time of the discovery by AASK.

I understanding I will need to obtain and or maintain a Department of Pubic Safety Level 1 Finger Print Clearance card and complete a Arizona Department of Economic Security Criminal History Self Disclosure Affidavit and I am responsible to alert AASK of any changes immediately.

Applicant's Signature: _____

Date: _____

AASK is a non-profit which gives equal opportunity to all volunteers.

Return this application and supporting documentation to: Amanda Gonzales at Agonzales@aask-az.org or fax 602-930-4582 or Joanne Chiariello at Jchiariello@aask-az.org or fax 602-930-4578