



## 2018 Summer Staff Volunteer Application

<u>First Name</u> _____ <u>Last Name</u> _____		<u>Camp Name</u> _____
<u>Current Address</u> _____ <u>Street</u> _____ <u>City/State/Zip</u> _____		<u>Cell Number</u> _____
<u>E-Mail Address</u> _____		<u>Other Contact Number</u> _____
<u>Social Security Number</u> _____	<u>Driver's License</u> Number: _____ State: _____ Exp. Date: _____	
As of July 21 <sup>st</sup> will you be: <input type="checkbox"/> Over 21 years old <input type="checkbox"/> 18 years or older <input type="checkbox"/> <b>Under 18 years old</b>		
Availability: I can <b>START</b> on July 21 <sup>st</sup> : <input type="checkbox"/> YES <input type="checkbox"/> NO    I can volunteer <b>UNTIL</b> July 28 <sup>th</sup> <input type="checkbox"/> YES <input type="checkbox"/> NO		
I can <b>ATTEND PRE-CAMP TRAINING</b> on July 7 <sup>th</sup> and 8 <sup>th</sup> (from 10am to 4pm): <input type="checkbox"/> YES <input type="checkbox"/> NO		
If no to any of the above, please explain: _____ _____		
<u>Please indicate the position you are applying for:</u>  <input type="checkbox"/> Cabin Counselor (Responsible for managing and caring for a cabin group throughout the week. )  <input type="checkbox"/> Support Counselor (Supports the running of the camp program by leading activities/electives and covering cabin groups)  <input type="checkbox"/> Lifeguard (minimum: ALA or ARC Certified Lifeguard)  <input type="checkbox"/> Nurse (LVN or RN, responsible for distributing medication and general care of campers and staff)	If applying for a <u>counselor position</u> , please rank the order of the age group you would prefer to work with. (Please note that staffing requirements determine final assignment)  _____ 6-8 yrs.                      _____ 9-11 yrs.  _____ 12-14 yrs.  _____ No Preference	

### References

**First-year Applicants:** List 2 references, including employers, supervisors, teachers, professors, coaches, clergy, etc. **Exclude** family members or friends. Please include at least **one letter of recommendation**. *References will be verified for all applicants.*

Name	Address	Daytime Telephone Number
1. _____	_____	_____
2. _____	_____	_____



## 2018 Summer Staff Volunteer Application

### Reason for Volunteering (check all that apply)

- Personal satisfaction  
 Meet school or community service requirement  
 Hours Required: \_\_\_\_\_
- Meet exchange of full or partial tuition requirement(s)  
 Associated Camper: \_\_\_\_\_  
 Other: \_\_\_\_\_

### Background Information

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#### EDUCATIONAL BACKGROUND

(College/High School)                      Location                      Field of Study                      Dates                      Degree

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#### EMPLOYMENT / VOLUNTEER EXPERIENCE (OTHER THAN CAMPS)

Employer/Agency                      Supervisor                      Address                      Phone                      Nature of Work                      Dates

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#### CAMP STAFF EXPERIENCE

Camp                      Position                      Director                      Address                      Phone                      Dates

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### Certifications

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Please list and describe below any special certifications, trainings, workshops, etc. that might be useful in working at camp, and indicate the expiration date for each. Enclose a photocopy of these certificates (front and back). If you plan to complete training before summer, please indicate the anticipated certification and completion date. **\*\*If you need to renew or become certified, we will be scheduling a group class TBD\*\***

<u>Mandatory Cert. for All Staff</u>	<u>Certifications/Trainings</u>
<u>Exp. Date</u>	<u>Exp. Date</u>
<b>Basic First Aid</b> _____ (Other: _____)	Water Safety Instructor: <input type="checkbox"/> ALA <input type="checkbox"/> ARC Lifeguard Training: <input type="checkbox"/> ALA <input type="checkbox"/> ARC Waterfront Module: <input type="checkbox"/> ALA <input type="checkbox"/> ARC NAA Archery Instructor Level 1 or 2 First Aid Instructor (Type _____)
<b>Adult/Infant/Child CPR Training</b> _____ (Other: _____)	Nurse: <input type="checkbox"/> RN Degree <input type="checkbox"/> LVN Degree Kitchen Manager : <input type="checkbox"/> Food Handler <input type="checkbox"/> Food Manager Other Cert. Describe _____



**Skill Assessment**

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At Camp Wastahi, we provide a quality program of activities based on the talents and skills of our counselors. Just as it is important that our campers experience personal growth, we believe such growth opportunities for counselors are just as important. We have found that providing counselors with the opportunity to rotate job positions throughout the camp allows them to grow in many aspects of being a counselor through challenge and varied experiences. Job flexibility at camp enables counselors to work in areas where the camp community will benefit most. This is achieved by creating a supportive environment in which staff and counselors mentor one another to promote cross-training and skill development.

Please review the skills listed on this sheet and give an evaluation of your experience in any other the following activities in which you:

“1” can teach to youth **independently** in an **expert/competent** manner

“2” can **assist in teaching** to youth

“3” have had **limited experience** with this

“4” have an **interest in learning** the skill(s) to **assist or lead** in youth training

**ARTS & CRAFTS**

- Tie Dyeing
- Beading
- Candle Making
- Leather Craft
- Nature Crafts
- Painting
- Photography
- Silk Screening
- Weaving
- Woodworking/Carving
- Other \_\_\_\_\_

**DRAMA, DANCE & MUSIC**

- Dance-Creative
- Dance-Folk/Cultural
- Dance-Modern
- Instrument(s) – Specify:  
\_\_\_\_\_
- Singing/Song Leading
- Skits
- Story Telling
- Other \_\_\_\_\_

**OUTDOOR LIVING**

- Fire Building
- Hiking
- Knots/Lashing
- Map & Compass
- Outdoor Cooking
- Pioneer Skills
- Shelters/Tents
- Survival
- Other \_\_\_\_\_

**AQUATICS**

- Swimming-Instructional
- Swimming-Recreational

**SPORTS & GAMES**

- Archery
- Parachute Activities
- Baseball
- Games-Informal
- Games-Initiatives/Field
- Softball
- Soccer
- Volleyball
- Other \_\_\_\_\_

**NATURE**

- Astronomy
- Birds
- Conservation
- Ecology
- Forest Ecology
- Flowers/Trees
- Insects
- Geology
- Weather
- Wildlife
- Other \_\_\_\_\_

**CHALLENGE ACTIVITIES**

- Ropes Course
- Initiatives
- Other \_\_\_\_\_

**OTHER (please list)**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



## 2018 Summer Staff Volunteer Application

**Please answer all the questions applicable to the position for which you are applying:**

Why do you want to volunteer at Camp Wastahi?

Describe your leadership experience and interaction with children and peers.

Lack of personal freedom is a reality of volunteering at camp (e.g., curfews, limited time off, lack of privacy, no smoking, no drinking alcohol.) What personal adjustments would you need to make in order to be successful in this environment? Please be as honest as possible.

Questions or Concerns?

*Please attach additional sheets if necessary.*



## Criminal Records Check Consent Form

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No applicant will be denied engagement solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

I consent to criminal records check (or background check)     YES     NO

X \_\_\_\_\_  
Please sign

## Personal Information

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If engaged, can you present evidence of U.S. citizenship or proof of legal right to live and volunteer in this country?

YES     NO

If not a U.S. citizen, please provide Visa information \_\_\_\_\_

Have you ever been convicted of a criminal offense or released from prison (including plea of nolo contendere)

YES     NO

Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? Including but not limited to sexual or physical abuse?     YES     NO

If YES to either of the above, please provide details concerning the offense(s) (Use a separate sheet if necessary):

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Do you smoke?     YES     NO

Do you drink alcohol?     YES     NO

If you answered YES to either of the above questions, if engaged, could you refrain from smoking or the drinking of alcohol for the duration of the camp session (1 week)?     YES     NO

Do you have any tattoos or body piercings that would be considered offensive or of inappropriate nature?

YES     NO

If YES, can they be covered by undergarments or clothing, or for piercing, would you consider removing

YES     NO

Have you ever departed prior to your contracted completion date or been terminated from any engagement?

YES     NO

If YES, please explain (Use a separate sheet if necessary)

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## 2018 Summer Staff Volunteer Application

I understand that there are six (6) pages to this application. I have read and completed this application in its entirety.

Under penalty of perjury, I certify that I have not knowingly withheld any information that might adversely affect my chances for working as a volunteer at Camp Wastahi and that the answers given by me are true and correct to the best of my knowledge. I understand that my engagement is be conditioned upon Camp Wastahi's receipt of satisfactory reports from the Santa Clara County Sheriff and as well as other reporting agencies. Any omission or misstatement of material fact on this application or on any document used to secure engagement shall be grounds for rejection of this application or for immediate discharge if I am engaged, regardless of the time elapsed before discovery.

I authorize Camp Wastahi, Inc. to solicit information regarding my education, criminal history, driving record, previous employment, and other matters related to my suitability for engagement and to contact schools, employers, and other references I have provided on my application. I hereby release all parties and persons connected with any such request for information from all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure of information. In the event I am photographed or filmed while at camp, Camp Wastahi may use the photo or recording for publicity or promotional purposes.

Applicant Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

*Camp Wastahi, Inc. ("Camp Wastahi") does not discriminate in securing volunteers on the basis of race, color, religious creed, national origin, sex, sexual orientation, or ancestry; or on the basis of age against persons whose age is over 40 or on the basis of disability and any other characteristic required by law. No question on this form is intended to secure information to be used in such discrimination.*

### **Note:**

Fingerprinting is required

**Please send applications by email (send PDF) or US postage to:**

**Email:** [whisper.wastahi@gmail.com](mailto:whisper.wastahi@gmail.com)  
Subject Line: Wastahi Staff Application

**Application Mailing address:**

Camp Wastahi Staff Director  
C/O Sandra Nakamura  
16910 Roberts Rd.  
Los Gatos, CA 95032