

CAMP SNOWBALL VOLUNTEER COUNSELOR APPLICATION

All applications are processed on a first-come, first-served basis by postmark date.
APPLICATIONS WILL ONLY BE PROCESSED IF COMPLETED IN FULL.

You will receive verification by mail indicating the weekend(s) that you have been accepted.

Volunteer Counselor's Name

Street Address

City, State, Zip

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Telephone Number

Email Address

How can you best be contacted? Check one: ___ Telephone ___ Email ___ Regular Mail

D.O.B.

Age

Grade Level

I AM A RETURNING VOLUNTEER

INDICATE LAST YEAR SERVED: _____

I AM A NEW APPLICANT

New applicants, please answer the following questions on a separate sheet of paper.

1. What are your reasons for wanting to volunteer at Camp Snowball?
2. What experiences have you had that would assist you in working at Camp Snowball?
3. What personal qualities do you possess that would benefit the Camp Snowball program?

I WOULD LIKE TO VOLUNTEER FOR:

___ ONE WEEKEND ___ TWO WEEKENDS ___ BOTH WEEKENDS

Please indicate your weekend preferences below by 1st or 2nd choice.

___ NOVEMBER 18-20, 2016 ___ MARCH 17-19, 2017

APPLICATION CHECKLIST

These forms must be submitted with your application in order for it to be considered. Please initial that you have included these forms.

- ___ Essay questions (new applicants only)
- ___ Completed & signed health/registration form (signed by parent/guardian and notarized if you are under 18 years of age)
- ___ Authorization for Administering Prescription Medications Form*
- ___ Signed "Guidelines for Living and Working Together At Camp Snowball"
- ___ Signed Off-Site Activity Consent Form*
**for applicants under the age of 18 only*
- ___ Additionally I have distributed Reference Questionnaires to those who will be providing reference information.

MAIL APPLICATION FORMS TO:

Patricia Ciampa / CAMP SNOWBALL
Warwick Conference Center, P. O. Box 349, Warwick, NY 10990

~ BOTH SIDES OF THIS FORM MUST BE COMPLETED IN FULL ~

REFERENCE INFORMATION

Volunteer Counselor's Name

ALL NEW VOLUNTEERS ARE REQUIRED TO SUBMIT THREE CHARACTER REFERENCES. PLEASE USE THE REFERENCE FORMS THAT ARE ATTACHED. **PLEASE NOTE THAT WE CANNOT ACCEPT REFERENCES FROM FAMILY, FRIENDS OR EMPLOYEES OF THE WARWICK CONFERENCE CENTER/CAMP WARWICK.**

RETURNING VOLUNTEERS: References submitted prior to 2015 must be renewed.

Please indicate below the names and complete addresses of three adults such as a pastor, teacher, employer, etc. whom you have asked to complete the reference questionnaires and who are qualified to give further information about you.

Reference Name #1

Organization (employer, church, etc.)

Street Address

City State Zip

Relationship to Applicant

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Day Telephone

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Night Telephone

Email Address

Reference Name #2

Organization (employer, church, etc.)

Street Address

City State Zip

Relationship to Applicant

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Day Telephone

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Night Telephone

Email Address

Reference Name #3

Organization (employer, church, etc.)

Street Address

City State Zip

Relationship to Applicant

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Day Telephone

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Night Telephone

Email Address