

For Office Use Only: Received on: \_\_\_\_\_

## GREAT LAKES BURN CAMP, INC.

1709 N. West Avenue, PMB 138, Jackson, MI, 49202

### APPLICATION FOR VOLUNTEER STAFF

Name _____ SS# _____
Present Address _____
City _____ State _____ Zip Code _____
Phone-Home( ) _____ Work( ) _____ Are you 19 years of age or older? _____
Cell ( ) _____ Email Address _____ T-Shirt Size? _____
Occupation _____
How did you hear about the Great Lakes Burn Camp? _____
Positions I am interested in applying for: _____

### EDUCATION

High School	Graduation Date	
College	# Years Completed	
Major	Minor	Graduation Date
Post College	# Years Completed	
Major	Minor	Graduation Date

### EMPLOYMENT HISTORY

Employer _____	Dates _____
Address _____	Phone( ) _____
Position _____	Supervisor _____
Employer _____	Dates _____
Address _____	Phone( ) _____
Position _____	Supervisor _____

## PERSONAL PROFILE

**Please answer the following questions honestly and thoughtfully. Feel free to attach additional pages if necessary.**

1. Please tell us about previous camp experiences that you have had including experiences as a camper or as a paid / volunteer camp counselor.
2. Please tell us about any experiences that you may have had working with children.
3. Please tell us about any talents; abilities, hobbies and skills that you may possess that would be beneficial to the children served by the Great Lakes burn Camp?  
(i.e. life experiences such as CPR instructor; personal hobbies such as photography, computers, camping; skills such as dance, music, crafts, swimming, water skiing etc.)
4. Have you had any personal life experiences that would be beneficial in helping you relate to children, specifically those with special needs (such as burn survivors)?
5. Please tell us about all volunteer and paid experiences you have had working with people of different social, ethnic, racial and religious backgrounds other than your own?

## LICENSES/CERTIFICATIONS

Please list any licenses or certifications which you presently hold or are currently working on (examples: CPR, WSI, EMT, RN, LPN, etc.)

Certification \_\_\_\_\_ Expires \_\_\_\_\_

Certification \_\_\_\_\_ Expires \_\_\_\_\_

Certification \_\_\_\_\_ Expires \_\_\_\_\_

## REFERENCES

**PLEASE INCLUDE A LETTER OF REFERENCE FROM EACH PERSON LISTED WITH YOUR APPLICATION. Letters of reference must be included with application for application to be processed.**

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## ADDITIONAL INFORMATION

Have you ever been convicted of anything other than a minor traffic violation?  
(A "yes" answer does not necessarily disqualify you.)

Yes No

Do you have any physical or mental disabilities, restrictions, or limitations which would prevent you from performing the job for which you have applied?

Yes No

**AVAILABILITY**

2010 Staff Training & Orientation:

**-STAFF TRAINING IS MANDATORY-**

Begins Friday, August 20th, 2 PM through Sunday, August 22nd, 12:00 noon.

2010 Great Lakes Burn Camp Program:

Begins Sunday, August 22nd, 12:00 noon through Friday, August 27th, 4:00 pm.

**CERTIFICATION**

I understand that if any of the information I have given in this application and/or subsequent interview is false, I am subject to immediate dismissal if I have been chosen as a volunteer staff person. If I am considered as a volunteer staff person, I authorize the administration of the camp to communicate with the aforementioned employers and references in connection with this application. If chosen as a volunteer staff person, I agree to observe all rules and regulations of Great Lakes Burn Camp, Inc. and Pretty Lake Vacation Camp, Inc. I understand and agree that Great Lakes Burn Camp reserves the right to terminate the volunteer-staff relationship at anytime for any reason.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Please return your application and references to the appropriate person listed below by Jul 30th, 2010.** Applications submitted after July 30th, 2010, will be given consideration, however, positions will be filled by qualified applicants on a first-come basis. Preference will be given to volunteers able to participate for the entire week to promote continuity for the campers.

**Gretchen Kohsmann  
PO Box 203  
Union City MI 49094**

Thank you for expressing interest in the Great Lakes Burn Camp. We cannot guarantee that we can match each volunteer with the area they desire, but we will do our best to place people where they want to be and to make the most of their unique talents. Due to licensing issues and the safety of our campers and volunteers, all volunteers must complete the volunteer application, the background check form and send three letters of reference to be considered for a position. If you have unanswered questions about volunteering – [staffapps@greatlakesburncamp.com](mailto:staffapps@greatlakesburncamp.com)

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## VOLUNTEER STAFF AUTHORIZATION FOR BACKGROUND CHECK

*Please type or print clearly.*

I, \_\_\_\_\_ authorize Great Lakes Burn Camp, Inc. to conduct a background check with the State Police and/or appropriate authorities for the purpose of determining my suitability for volunteer staff with Great Lakes Burn Camp, Inc.

\_\_\_\_\_  
Print First, Middle NAME (not initial) & Last Name

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number & State

(H) \_\_\_\_\_ (W) \_\_\_\_\_  
Phone Numbers (Home and Work)

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

If you are over 21 years old please fill out attached background form, take to your local county and have them send the results to me at the above address. This is a state requirement of ALL staff working with children.

### Additional Information

-Information provided will be kept confidential-

Email address: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Pager #: \_\_\_\_\_