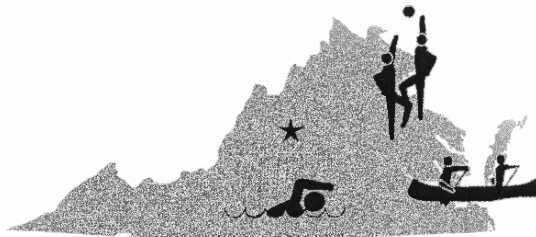


# Central Virginia Burn Camp

1960 Candlewyck Drive  
Charlottesville, VA 22901  
(434) 263-6566  
fax -1-800-903-6350  
(please call or email to be sure your fax has come through)  
cvbc1999@yahoo.com  
www.vaburncamp.org  
"Friend" or "Like" us on Facebook



## *Camp Directors*

*Leslie Baruch*

*Julie Patrick Bonham*

*Tim Wright*

## COUNSELOR APPLICATION

***PLEASE RETURN BY APRIL 15<sup>th</sup>***

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_  
FIRST MI LAST

Name to be used on Name Tag (first name only) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

E-MAIL \_\_\_\_\_

WORK OR SCHOOL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER OR SCHOOL \_\_\_\_\_

POSITION \_\_\_\_\_

PHONE \_\_\_\_\_

*Please indicate mailing address and phone # preference to receive camp calls and mailings  
\*\*\* If you have a temporary or school address, please indicate the dates that you will be at  
this address so all camp mailings get to you on time. \*\*\**

DATE OF BIRTH \_\_\_\_\_

GENDER \_\_\_\_\_ PREFERRED PRONOUNS \_\_\_\_\_

EMERGENCY CONTACT (Name and phone #) \_\_\_\_\_

Do you have any medical conditions of which you want CVBC to be aware? \_\_\_\_\_

ANY SPECIFIC DIETARY NEEDS? \_\_\_\_\_

SHIRT SIZE : (circle) **Woman's** **Men's** (circle) **S M L XL XXL XXXL**

**EDUCATION** (List the highest level completed. List degrees or certifications)

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**CAMP EXPERIENCE:** (use an additional sheet of paper to list more camp experiences)

CAMP \_\_\_\_\_

DATES \_\_\_\_/\_\_\_\_/\_\_\_\_/ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ CAMPER\_\_\_\_ STAFF \_\_\_\_\_

IF STAFF, STATE YOUR RESPONSIBILITIES: \_\_\_\_\_

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**REFERENCES:** Give the name and addresses of 2 people (not relatives) who have knowledge of your character, experience and ability.

1. NAME \_\_\_\_\_

ADDRESS: STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

2. NAME \_\_\_\_\_

ADDRESS: STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

**CAMP RELATED AREAS OF KNOWLEDGE, SKILL, AND EXPERTISE:**

All camp activities are run by camp staff and counselors. Please list recreational activities, hobbies, sports, etc. that you have the skill, expertise, or interest in and that you would be willing to assist in teaching, planning or supervising.

ACTIVITY:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

What contributions do you think you can make at camp?

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What contributions do you think you can make to the campers?

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Do you have a camper age-group preference to work with? (this will not be guaranteed!)

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What certifications do you possess?

CPR \_\_\_\_\_ EMT \_\_\_\_\_ ACLS \_\_\_\_\_ LIFE GUARD \_\_\_\_\_ OTHER \_\_\_\_\_

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Write a brief biographical sketch, including experience or training that might have a bearing on the position for which you are applying.

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An interview will be required prior to selection of counselors. This may be done by phone or in person, determined by a Camp Director. **Please indicate the best time to reach you by phone.**

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**AGREEMENT AND RELEASE**

Have you ever been convicted of any crime, whether misdemeanor or felony (but excepting traffic violations), or fined (except for traffic violations)? No \_\_\_\_\_ Yes \_\_\_\_\_  
(If yes, explain) \_\_\_\_\_

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Have you ever been accused of, arrested for, charged with, convicted of, or in any other way involved in a crime against a child, including but not limited to allegations of contributing to the delinquency of a minor or sexting? In answering this question, you are not required to provide information concerning arrests or charges that have been expunged. No \_\_\_\_\_ Yes \_\_\_\_\_  
(If yes, explain) \_\_\_\_\_

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**I UNDERSTAND THAT IF THIS INFORMATION CHANGES BEFORE THE CAMP SESSION BEGINS, I MUST NOTIFY THE CAMP.**

This is to certify that I, \_\_\_\_\_, have made application to the Central Virginia Burn Camp, Inc. ("CVBC"), and hereby declare that the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that any misstatements or omissions of fact may cause rejection of this application or dismissal as a CVBC volunteer. I also authorize the release of any information in this application or in any criminal background check as is necessary, in CVBC's sole discretion, to assist its personnel committee in deciding whether to allow me to serve as a volunteer.

I understand that the CVBC's mission is to provide a safe environment for children who have experienced significant burn injuries. It is the CVBC's goal to provide a non-judgmental atmosphere, where children have the opportunity to build their self-esteem as they enjoy the varied activities that make up their camp experience.

Acknowledging this mission, I agree to abide by the policies set forth by the CVBC, and by my signature, verify that I further understand that disregarding any portion of these policies can result in immediate termination of my volunteer position with the CVBC.

I agree to attend the mandatory orientation. I agree to read the Counselor / Staff Handbook prior to camp. Once I have been chosen, if I should for some reason be unable to volunteer, I agree to advise the CVBC by phone, immediately.

I hereby authorize the CVBC to conduct a background investigation by the Virginia State Police and agree to take all actions necessary to facilitate that investigation. I understand the purpose of this inquiry is to help determine my eligibility for a position as a volunteer camp counselor or staff member at the CVBC.

*Do not include payment - this is paid for by CVBC*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed application to the address listed above.

**CENTRAL VIRGINIA BURN CAMP IS ALCOHOL/DRUG FREE!  
"ZERO TOLERANCE"**

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## *Camp Directors*

*Leslie Baruch*

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## **Photography Release Form**

I hereby grant permission for the taking of photographs of me and for the use of the photos in furtherance of Central Virginia Burn Camp's mission. Additionally, I grant permission to release information regarding the photos, including my name, for promotion of the Central Virginia Burn Camp. I understand that a photo of me may be used without compensation to me.

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (       ) \_\_\_\_\_

The photograph(s), video, and general information may be used as deemed appropriate in the administration of the Central Virginia Burn Camp, Inc. and Camp Holiday Trails, and may be published in, or used by, any media or publication (including newspapers, magazines, television, radio, pamphlets, brochures, web sites, reports, etc.) without any liability on the part of the Central Virginia Burn Camp Inc., or Camp Holiday Trails.

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_