

Volunteer Counselor Application

Return completed application to:

Great Lakes Hemophilia Foundation
ATTN: Karin Koppen
638 N. 18th Street, Suite 108
Milwaukee, WI 53233-2121

Contact: 414.937.6782
kkoppen@glhf.org



About Camp

Camp Klotty Pine's mission is to enhance the lives of children affected by a bleeding disorder by providing life-changing camp experiences that are exciting, empowering, and educational, in a physically safe and medically sound environment. In collaboration with Camp Lakotah and Wisconsin HTCs, campers will receive onsite medical care and education related to bleeding disorders in a traditional camp setting. Camp's core values are independence, friendship, fun, and safety.

Camp will be held at Camp Lakotah in Wautoma, WI, approximately 30 minutes south of Steven's Point. For more information about the camp facility please visit the website, www.camlakotah.com. Camp dates are Saturday, August 6 through Thursday, August 11. All staff will be required to attend orientation prior to camp on August 6th. Counselors will be given a stipend for the week of camp.

Qualifications

- Bachelor's degree (or currently attending university)
- At least 19 years of age (or 18 years old with one completed year of college or previous counseling experience)
- Previous camp/childcare experience preferred
- Must provide at least three references and pass full background check

Essential Functions

- Responsible for participating with and supervising campers throughout the week in cabins, through programming, while ensuring that camp is a safe, healthy, and fun environment for all in attendance.
- Must provide complete, independent personal care for yourself in regards to: hygiene, maintenance, medical needs, and medication administration
- Will assist with personal care of campers when required in the areas of hygiene, clothing, grooming, etc
- Must be physically and mentally able to work long hours with limited breaks for extended periods of time

How to Apply

Please complete and return the application to Great Lakes Hemophilia Foundation by May 1st. Interviews will take place prior following deadline. If you are hired, GLHF requires a criminal background check and the completion of both health and release of liability forms.

APPLICANT INFORMATION

Last Name _____ First Name _____ Middle Int. _____

Gender M ___ F ___ Date of Birth (mm/dd/yyyy) ___/___/___ Age _____

Home Address _____

Street

City, State

Zip

Primary Phone (____) _____ Secondary Phone (____) _____

Email _____

T-Shirt Size (circle one): S M L XL 2XL

EMPLOYER INFORMATION

Company _____ Position Title _____

Supervisor's Name _____ Dates Employed _____

Phone Number _____ May we contact? Yes No

Address _____

Street

City, State

Zip

Email _____

Company _____ Position Title _____

Supervisor's Name _____ Dates Employed _____

Phone Number _____ May we contact? Yes No

Address _____

Street

City, State

Zip

Email _____

Company _____ Position Title _____

Supervisor's Name _____ Dates Employed _____

Phone Number _____ May we contact? Yes No

Address _____

Street

City, State

Zip

Email _____

EDUCATION

Highest level of education completed _____ Year _____

If college, Major _____ Minor _____

University/ College _____

PERSONAL REFERENCES

Please list three personal references (not related to you) that know you well and can discuss your character and abilities.

Name _____ Phone _____

Email _____

Relationship to Applicant _____ Years Known _____

Name _____ Phone _____

Email _____

Relationship to Applicant _____ Years Known _____

Name _____ Phone _____

Email _____

Relationship to Applicant _____ Years Known _____

CERTIFICATIONS

Standard First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____ Expiration Date
CPR	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____ Expiration Date
WSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____ Expiration Date
Lifeguard Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____ Expiration Date
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____ Expiration Date

EMERGENCY CONTACTS

Name _____ Primary Phone (____) _____

Relationship to Applicant _____

Name _____ Primary Phone (____) _____

Relationship to Applicant _____

ACTIVITIES (Circle all that interest you or you have experience in.)

Archery Fishing Journalism Paintball Target Practice Sailing Swim Raft
Arts & Crafts Disc Golf Kayaking Nature Skills Soccer Team Building
Canoeing Geocaching Outdoor Living Skills Ultimate Frisbee Swimming Volleyball

Consent and Acknowledgement

I have filled out a staff application for Camp Klotty Pine with complete and accurate information. I authorize investigation of all statements herein, including the release of information regarding my qualifications, background, and fitness for this position to Camp Klotty Pine.

I consent to any tests that may relate to my health and fitness for this position, including tests for drugs and alcohol. I agree to undergo a criminal background check.

I consent and request that all such persons or agencies accept a photocopy of this authorization as valid authorization to give such information or records.

I understand that a complete application is not a guarantee of acceptance and is subject to review by the Great Lakes Hemophilia Foundation. I release from all liability all individuals of organizations that provide information about me regarding this application and release the camp or its agents or employees, including the Great Lakes Hemophilia Foundation and its Camp Committee.

Applicant's Full Name -- Printed

Applicant's Signature

Date

CAMP STAFF CONTRACT

I, _____, have read and understand the Responsibilities and Duties of Camp Staff at Camp Klotty Pine, and the camp rules and regulations. My signature below indicates that I agree to perform the responsibilities and duties listed and to abide by the rules and regulations set forth by Great Lakes Hemophilia Foundation.

I understand that the use of alcohol and illegal drugs is prohibited while on staff at Camp Klotty Pine. I agree not to use alcohol or illegal drugs while at camp. I understand that smoking or the use of tobacco products are not allowed in front of the campers. Smoking is allowed ONLY in designated areas. I also agree not to leave the camp grounds during camp at any time without talking with the Camp Director. I understand that if I do not perform as above, or do not follow the rules of the camp, I will be asked to leave the camp immediately.

Applicant's Full Name -- Printed

Applicant's Signature

Date

CONFIDENTIALITY AGREEMENT

I, as a condition to participating in Camp Klotty Pine, and in consideration of such participation, agree that I will not use or disclose to any person any information obtained as a result of this participation for any purposes other than participation in camp. Without limiting the foregoing, I agree that, while participating in Camp Klotty Pine, I will not solicit addresses or phone numbers of those affected by hemophilia and related hereditary bleeding disorders, nor will I use any information obtained as a result of participation in Camp Klotty Pine for any financial or commercial gain. I further agree that this agreement is reasonable, that I intend to be bound by this agreement during my participation and for an unlimited time thereafter, and in the event of any violation of this agreement, I agree that this agreement may be enforced by injunctive relief.

Applicant's Full Name -- Printed

Applicant's Signature

Date