



2012 SUMMER CAMP APPLICATION FORM New Volunteers

VOLUNTEER INFORMATION (please print in ink!)

Name: _____ Date of Birth: ____/____/____ Age at Camp: _____

E-mail address: _____

Phone numbers: (home) _____ (cell) _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

School/College _____ District: _____ Current Grade Level: _____

School/College program/class sponsoring your volunteer work: _____

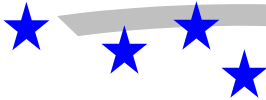
After-school activities/interests you are involved in? _____

Certified in CPR? no yes – exp. date: _____ Certified as lifeguard? no yes – exp. date: _____

Other certification or specialized training related to child safety or sports/recreation: _____

Somewhat Proficient Fluent

What languages in addition to English do you speak? _____



TO CONSIDER YOUR APPLICATION, WE MUST HAVE:

*** 1 recent digital photo of yourself**

(e-mail to Helga@adamscamp.org)

*** 2 Reference Checks**

Please ask two adults who have known you for at least one year to:

1. fill out a reference check form about you
2. mail it directly to us

1. Name: _____ Relationship: _____

Phone: _____ Email: _____

2. Name: _____ Relationship: _____

Phone: _____ Email: _____

Please check your first choice and circle alternate choices
 How many weeks total are you able to work at Adam's Camp? _____

CAMPS IN DENVER METRO AREA

EARLY START (for children 1-4 yrs. old and their families)

- March 26-30 October 22-26

URBAN ADVENTURE (Day program for teens 13-18 yrs. old who use wheel chairs)

- June 11, 13, 15, 18, 20, 22 July 16, 18, 20, 23, 25, 27

CAMPS AT SNOW MOUNTAIN RANCH, GRANBY

PATHFINDER (for children 4-8 yrs. old and their families)

“Autism Spectrum” Sessions

- June 17-23 June 25-30

“Developmental Delay” Sessions

- July 8-14 July 16-21 July 29 – August 4

TRAILBLAZER and EXPLORER CAMPS (for children 8 yrs. old & up and their families)

“Autism Spectrum” Sessions

- June 17-23 June 25-30

“Developmental Delay” Sessions

- July 8-14 July 16-21 July 29 – August 4

SIBLINGS PROGRAM (for the siblings of our campers)

- June -18-23 June 25-30 July 9-14 July 16-21 July 30 - August 4

ADVENTURE CAMPS

“I Can” Camp (for youth 8-12 yrs. old with mild to moderate special needs & typical youth)

- June 18-23 June 25-30 July 9-14 July 16-21 July 30 - August 4

“Teen” Camp (for teens 13-18 yrs. old with mild to moderate special needs)

- June 18-23 June 25-30 July 9-14 July 16-21 July 30 - August 4

“Young Adult” Camp (for young adults 19-25 yrs. old with mild to moderate special needs)

- June 18-23 June 25-30 July 9-14 July 16-21 July 30 - August 4

“Fall Reunion”

- October 26-28

Name of applicant: _____

Please describe any experiences you have had caring for or working with children or adolescents. Include the type of work, activities, and level of responsibility.

Describe any experience you have (as a friend, helper, family member, peer) in the area of special needs. Include the type of diagnoses (e.g. Down syndrome, autism, cerebral palsy). What have you gained and learned from your experience?

How did you hear about Adam's Camp?

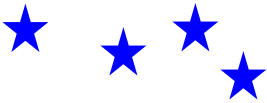
What interests you about working with kids at Adam's Camp?

Biological Sketch: Please write a brief account of your past, who you are now, and what you hope for in the future. Include your interests, activities, hobbies, strengths, and what challenges/frustrates you.

I hereby acknowledge that the provided information is accurate and correct, to the best of my knowledge.

Applicant's signature

Date



TO CONSIDER YOUR APPLICATION, WE MUST HAVE:

- * 1 recent digital photo of yourself
(e-mail to Helga@adamscamp.org)
- * New Volunteer Application
- * 2 Reference Checks

RETURN TO ADAM'S CAMP :
Helga Simons, Volunteer Coordinator
6767 South Spruce St., Suite 102
Centennial, CO 80112

Phone 303-563-8290 x 16
Helga@adamscamp.org

Fax 303-563-8291
www.adamscamp.org



2012 Adam's Camp Reference Check

Name of Applicant: _____

Name of Reference: _____

Address of Reference: _____

Phone of Reference: _____ Date: _____

How long have you known the applicant: _____

In what capacity: _____

What skills/assets would this applicant bring to the position?

What about this position would be challenging to this applicant?

Would you have any hesitation in placing _____ in this position?

Do you have any knowledge, direct or indirect, that this applicant has a history of substance, physical, emotional or sexual abuse to self or others?

What do you think this applicant will gain from this position?

Thank You for your time!

Please send directly to: Adam's Camp, Attn. Helga Simons
6767 South Spruce Street, Suite 102
Centennial, CO 80112
303-563-8290 x 16



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