

# Camps Connect

*... a true collaboration between the  
St. Vincent de Paul Camps & Catholic Youth Organization Camps*

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## Adult Volunteers Needed at Summer Camp!



We want to thank you for your interest in volunteering with us this summer and are extremely excited about the possibility of working with you at one of our three camps. Detailed information about each of our camps can be found at [www.campsconnect.org](http://www.campsconnect.org). To volunteer, please fill out a Volunteer Application Form and return to the office at your earliest convenience.

Once we receive your application we will be calling to set up an interview time and will also be checking references listed on the application. Although we realize that you are volunteering your services, the Michigan State Camp Licensing Department requires the same paperwork as if you were staff. So we hope that you will bear with us as we go through the process.

All adult volunteers need to go through the Archdiocese of Detroit "Protecting God's Children" training. This program assists individuals in recognizing early warning signs of an inappropriate relationship with a child. To sign up for a workshop in your area go to the Safe Environments page at [www.aodonline.org](http://www.aodonline.org). We will need a copy of your certificate of attendance before you can volunteer.

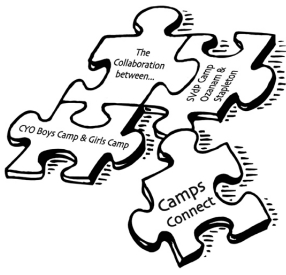
Once again, we are thrilled about your interest and look forward to receiving your application. If you have any questions, please feel free to call the Camps Office at 810-622-8744.

Caroline Krucker, Director of Camp Services



*Camp Ozanam, CYO Girls Camp, Camp Stapleton, CYO Boys Camps*  
7305 Walker Road, Carsonville, MI 48419  
Phone: 810-622-8744 / Fax: 810-622-0570  
[www.svdpdetroit.org](http://www.svdpdetroit.org) [www.campsconnect.org](http://www.campsconnect.org) [www.cyocamps.org](http://www.cyocamps.org)





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Society of St. Vincent de Paul Camps & Catholic Youth Organization Camps

## Volunteer Application

For those 18 years of age and older looking to volunteer at one of our summer camp programs, and/or with the Camps Connect maintenance, kitchen, and/or office staff.

**PRINT**

WHEN COMPLETED, PLEASE RETURN this form via...

Email to [caroline@campsconnect.org](mailto:caroline@campsconnect.org), Mail to address on last page, or Fax to 810-622-0570

Full Name \_\_\_\_\_

Present Address \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
*Street Area Code*

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

Home Address (if different from above) \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
*Street Area Code*

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

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

Cell Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

High School (name & location) \_\_\_\_\_ Years Completed \_\_\_\_\_

College (name & location) \_\_\_\_\_ Years Completed \_\_\_\_\_

College Major Subject/Degree \_\_\_\_\_

Are you 18 years of age or older?  Yes  No\* \*If no, stop and fill out the High School Volunteer Application.

When is the best time to reach you? \_\_\_\_\_

What volunteer area do you wish to apply for: \_\_\_\_\_

For which camp do you wish to work? *If checking more than one, please number the camps in order of your preference.*

\_\_\_\_\_ Camps Connect \_\_\_\_\_ CYO Girls Camp \_\_\_\_\_ Camp Ozanam \_\_\_\_\_ CYO Boys Camp

## REFERENCES

Indicate names and complete addresses of **AT LEAST THREE** references that are **NOT friends or family members** whom you have known for at least one year (example: teachers, counselors, former employers, clergy, youth ministers, etc.). Please be sure all information is correct. We will be contacting them via mail prior to your interview.

1) Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
*Street City Zip*

Email \_\_\_\_\_ Relationship \_\_\_\_\_

2) Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
*Street City Zip*

Email \_\_\_\_\_ Relationship \_\_\_\_\_

3) Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
*Street City Zip*

Email \_\_\_\_\_ Relationship \_\_\_\_\_

# PREVIOUS EMPLOYMENT HISTORY - Start with your most recent employment first

1. Employer Name/Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Description of duties and responsibilities: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

2. Employer Name/Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Description of duties and responsibilities: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

3. Employer Name/Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Description of duties and responsibilities: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

## GENERAL INFORMATION

Have you ever been arrested and/or convicted of a misdemeanor or felony? YES NO  
Have you ever been convicted of a crime involving children? YES NO  
Are there any felony charges pending against you? YES NO

If "YES" to any of the three above questions, please list date and situation for all arrests, traffic and/or criminal convictions, or pending court actions against you: \_\_\_\_\_

Do you give this Agency permission to check for criminal activity? YES NO  
*Note: Conviction will not necessarily disqualify applicant from employment.*

Do you have LIFEGUARD certification? If so, give date of issue: \_\_\_\_\_

Do you have FIRST AID or CPR certification? Give type, and date of issue: \_\_\_\_\_

Do you have an impairment (physical, mental, or medical) that would interfere with your ability to perform the essential functions of the job for which you are applying? \_\_\_\_\_

Have you ever been under a doctor's care for mental illness, such as depression, eating disorders, etc.? YES\* NO

\*If YES, have you had professional counseling or rehabilitation? YES NO

\*Please describe the situation(s): \_\_\_\_\_

What experience or training do you have relative to the volunteer position for which you are applying? \_\_\_\_\_

What do you expect to give this summer? \_\_\_\_\_

# SUMMER RESIDENTIAL VOLUNTEER APPLICANTS

Summer Residential applicants looking to work directly with the campers and summer staff, please answer all the questions below. Camps Connect Kitchen, Office and/or Maintenance volunteer applicants skip to the next section "Volunteer Applicant Statement."

Indicate the age level(s) that you have worked and/or prefer to work with (please circle)

Ages 7-9: experience/prefer

Ages 10-12: experience/prefer

Ages 13-15 experience/prefer

Indicate experience in working with youth: \_\_\_\_\_

Indicate camping experience: \_\_\_\_\_

Indicate your experience in the following areas, using the code below:

0 = no experience and/or training

1 = some experience and/or training

2 = comfortable with activity, willing to organize and teach, may need some additional training

3 = lots of experience, can organize and teach with high level of skill

\_\_\_\_\_ Arts & Crafts

\_\_\_\_\_ Football

\_\_\_\_\_ Overnights

\_\_\_\_\_ Theatre/Plays/Skits

\_\_\_\_\_ Drawing /Sketching

\_\_\_\_\_ Soccer

\_\_\_\_\_ Hiking

\_\_\_\_\_ Ecology

\_\_\_\_\_ Sailing

\_\_\_\_\_ Volleyball

\_\_\_\_\_ Fire building

\_\_\_\_\_ Animals

\_\_\_\_\_ Story telling

\_\_\_\_\_ Softball

\_\_\_\_\_ Low Initiatives

\_\_\_\_\_ Outdoor Games

\_\_\_\_\_ Swimming

\_\_\_\_\_ Archery

\_\_\_\_\_ Singing

\_\_\_\_\_ Outdoor Cooking

\_\_\_\_\_ Nature Study

\_\_\_\_\_ Basketball

\_\_\_\_\_ Horses

\_\_\_\_\_ Astronomy

\_\_\_\_\_ Canoeing

\_\_\_\_\_ Dance

\_\_\_\_\_ High Ropes

\_\_\_\_\_ Recycling/Going Green

Indicate other interests, hobbies, or skills not previously mentioned: \_\_\_\_\_

What do you think should be the goal(s) of a camp for children in today's world? What should campers gain from being at camp? \_\_\_\_\_

Why do you want to be a member of a camp staff? What do you expect the experience to accomplish for you? \_\_\_\_\_

How are you currently cultivating your spiritual life and growth? \_\_\_\_\_

## VOLUNTEER APPLICANT STATEMENT

The statements provided in this application are true and complete. I authorize the investigation of any and all statements contained herein, as may be necessary to reach a volunteer decision. I understand that a material misrepresentation or deliberate omission of act in this application is justification for refusal of, or if volunteering, termination from volunteering. I further understand that this application is not, nor is it intended to be, an offer of volunteering.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Michigan law prohibits discrimination in employment, education, housing, public accommodation, law enforcement or public service based on religion, race, color, national origin, veteran status, age, sex, marital status, height, weight, arrest record or handicap. Persons denied equal opportunity based on these conditions may file a complaint with the Michigan Department of Civil Rights. District offices of the Department are located in Detroit, Flint, Lansing and other cities.



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