



Camp St. Vincent

with New Horizons

2305 N Charles St. Suite 300

Baltimore MD 21218

Contact: Mary Czar, Resource Coordinator

410-662-0500 x202

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2010 Volunteer Counselor Application

Name: _____

Phone number: _____ Email: _____

Position: Volunteer Counselor

Responsibilities:

- Assist a small group of assigned campers (ages 6-11) through all aspects of their day at Camp St. Vincent in Patterson Park. This includes, but is not limited to: arrival and departure, instruction periods, large group gatherings, special activities, breakfast and lunch, and movement to and from activities.
- Participate in reflection sessions to monitor the campers' progress and to further develop an understanding of the service experience.
- Attend least one *complete* two-week session, with daily hours of 8:45 AM – 4:45 PM.

Session[s] Requested. Select in the order of your preference [1, 2...]

_____ June 28 - July 9 (session 1)
* No camp on Monday, July 5

_____ July 12 – 23 (session 2)

_____ July 26 – August 6 (session 3)

_____ August 9 – 20 (session 4)

If you would like to participate in more than 1 session please list them here:

(example: sessions 1 & 2) _____

NOTE: If you hope to receive Service Learning Hours for school or another organization:

Session 1 = 72 hours

Session 2, 3 & 4 = 80 hours each

**** In addition, you MUST attend an Orientation before your session at camp begins. If selected as a counselor, you will have several Orientation dates from which to choose. You may not participate at Camp until your Orientation has been completed.**



Volunteer Application

SVDP Program in which you are seeking to volunteer: Camp St. Vincent

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Title (if applicable) Mr. Ms. Mrs. Other: _____

Last Name First Name Middle Initial Suffix

Present Street Address City / State / Zip

E-mail Address Date of Birth

Primary Phone: _____ Alternate Phone: _____

Organization/Affiliation: _____

Do you have any physical limitations or are you under any course of treatment that might limit your ability to perform certain types of work? _____

In an emergency, please notify: (if under 18, provide information for parent or guardian)

Name _____ Relationship: _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

1. VOLUNTEER SERVICES

- a. What position(s) are you applying for? Volunteer Counselor
- b. Please check here if you have ever volunteered at Camp St. Vincent before: _____
- c. How did you hear about our volunteer program? _____
- d. Will this position qualify you for Community Service Credits: Yes No

If yes, please provide the name, phone number and email of the person coordinating your Community Service:

Name of Guidance/Service Coordinator: _____

Organization/School: _____

Phone: _____ Email: _____

2. VOLUNTEER EXPERIENCE

- a. List volunteer experience: _____

- 3. **CERTIFICATION:**
 - a. Child & Youth Protection Training Yes No
 - b. Catholic Archdiocese of Baltimore STAND Training Yes No

If yes, date & place: _____
(please provide certification)

4. EMPLOYMENT:

- a. Are you employed? Yes No If no, are you retired? Yes No

If yes, name of employer: _____

5. Please list the name of one reference below and have that person complete the attached reference form.

REFERENCE: Name	Address & Zip	Phone	Relationship

6. **AFFIDAVITS AND RELEASES** -- *St. Vincent de Paul of Baltimore [SVDP] appreciates your willingness to share your talents and skills. Providing safe and secure programs is of utmost importance. The information gathered in this application is designed to help us provide the highest quality programs for the people in our community. Please note: Checking yes does not necessarily prohibit you from volunteering at SVDP or any of its program*

- a. Have you ever had your volunteer services or employment terminated by any organization? _____ Yes ___ No
- b. Have you been terminated from volunteer services due to suspected child abuse? _____ Yes ___ No
- c. Have you ever been accused of physically, sexually or emotionally abusing a child? _____ Yes ___ No
- d. Have you ever been convicted of a crime? _____ Yes ___ No
- e. Have you ever been charged with neglect, abuse or assault? _____ Yes ___ No
- f. Has your driver's license ever been suspended or revoked in any state? _____ Yes ___ No

Please explain all "yes" answers: _____

I understand and agree that false statements and/or omissions regarding past conduct and/or present situations are cause for rejection of my application or dismissal from my volunteer service. I agree to observe all of St. Vincent de Paul guidelines and policies, as stated in Volunteer Handbook, for in which I am applying.

I understand that the St. Vincent de Paul takes all allegations of abuse seriously. I further understand that the St. Vincent de Paul cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges. I hereby authorize the SVDP and the above named organization to conduct a personal and professional background check for the purpose of my application. They may contact references; past and current employers; churches, youth organizations, or agencies where I have provided volunteer service; and any other individual or organization that may have information relevant to my application.

In consideration of the opportunity to volunteer in this program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY, St. Vincent de Paul of Baltimore, and its programs, and all their agents, servants, and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my participation in this volunteer program.

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital or medical clinic for me in the event that I should become ill or injured. I hereby grant permission to St. Vincent de Paul of Baltimore to use any and all photographs or videotape on websites or other materials produced from time to time by SVDP.

I hereby release all of the above stated entities and their agents from any and all liability in connection with providing information, investigating or evaluating my application. I waive any right that I may have to inspect any information provided about me in connection with this application. I have read and understood the above stated information within this release and am signing below of my own free will.

Yes No I have received the Volunteer Handbook

My signature indicates that I have read and understand the above.

Applicant Signature

Date

It is our policy to provide equal opportunities to all qualified persons without regard to race, age, color, sex, national origin or disability.

Sign when the applicant is under the age of 18.

I understand the commitment that my son/daughter is making to volunteer and will fully support his/her efforts.

Parent and/or Guardian of Applicant Signature

Date

For office use

Application reviewed by: _____

Date Reviewed: _____

Accepted: yes no reason: _____

Date entered into database: _____