



# COUNSELOR APPLICATION

Office Use Only:  
DATE RECEIVED: \_\_\_\_\_

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

If you are a first time counselor, who referred you to camp? \_\_\_\_\_

Current Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Title/Position \_\_\_\_\_

Work Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Birth Date (mo/day only) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Years of Service with CC (including current year) \_\_\_\_\_

*\*Please note you will receive your notice of acceptance and handbook by email when available. Please give us an email address you will check.*

Medical Specialty, if applicable \_\_\_\_\_

Licensed/Certified in what state(s) \_\_\_\_\_

License Number(s) and Expiration Date(s) \_\_\_\_\_

Are you CPR Certified? \_\_\_\_\_ Expiration Date \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Tee Shirt Size:      S      M      L      XL      XXL      XXXL

Meal Preference: (please circle)      Regular Menu      Vegetarian Menu

Camper Preferences for CHAMP Camp: (please rank in order of preference, with 1 being your first choice)

\_\_\_\_\_ Older Boys                      \_\_\_\_\_ Older Girls  
\_\_\_\_\_ Younger Boys                      \_\_\_\_\_ Younger Girls

**OVERNIGHT DUTY:** In order to provide optimal care for our campers, we often need counselors to stay up all night. If you would be interested in this, please check here \_\_\_\_\_

### CRIMINAL HISTORY:

**New Counselors:** Please provide a copy of your most recent Limited Criminal History Check. If this is not required by your workplace/school, you will need to obtain a copy from your state police department. Please have all requests sent to the CHAMP Camp address below or include it in your returned application. In order to allow yourself time to receive your history check, please submit your request to your state police department by mid-March.

**Returning Counselors:** By signing below, you are providing statement that the criminal history previously provided has not changed.

**PHOTO AND INFORMATION RELEASE:** Please use any and all images of \_\_\_\_\_ from CHAMP Camp. I understand that you have my best interest at heart and would not portray me in a negative image. These images will be used on the web-site, in printed materials and during presentations to help promote the CHAMP Camp opportunity along with my first name.

\_\_\_\_\_  
Signature

I authorize investigation of all statements herein and release the camp and all other from liability in connection with the same. I understand that, if accepted, I will be an at-will volunteer. I also understand that untrue, misleading, or omitted information may result in non-acceptance or dismissal, regardless of the time of discovery by the camp.

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

HEALTH INSURANCE INFO: Company \_\_\_\_\_

Group No. \_\_\_\_\_ Policy No. \_\_\_\_\_

Phone No. for Benefit Info \_\_\_\_\_

Please return to the CHAMP Camp Office no later than April 1, 2007.

CHAMP Camp  
212 W. 10<sup>th</sup> Street, Suite B-210  
Indianapolis, IN 46202  
(317) 679-1860  
www.champcamp.org  
admin@champcamp.org

**For Office Use Only:**

References: \_\_\_\_\_

Limited Criminal History Check \_\_\_\_\_

Health History: \_\_\_\_\_

Copy of License: \_\_\_\_\_

Copy of CPR Card: \_\_\_\_\_