January, 2017

Dear Friend of Camp Sunrise,

We hope you will take a moment to read about the wonderful and unique opportunity Camp Sunrise has to offer young people (beginning with those who have completed 9th grade) and adults to experience a life-changing week by participating as a Camp Sunrise Volunteer Counselor or as a Camp Sunrise Junior Counselor. Camp Sunrise is a Christian Camp designed especially for differently-abled campers ages 8-55. We minister to the four basic needs in the life of the disabled person: the physical, the mental, the social and the spiritual. Campers receive care and supervision from a carefully selected group of summer staff and volunteers. The summer staff will come from colleges and universities from across the United States. Each volunteer or junior counselor is assigned to work on a one-to-one basis with a camper.

All volunteers and junior counselors will receive thorough training in all related aspects of physical care, lifting, emergency response, teamwork, programming and sharing one’s faith with our special needs campers. All new volunteers and junior counselors or returning volunteers under the age of 18 are required to attend the training/orientation program which will be held at Camp Warwick on Saturday, June 24, 2017. Each volunteer will be assigned to one or more weeks depending on camper enrollment. Junior counselors must commit to all five weeks of Camp Sunrise in order to qualify.

Camp Warwick will provide your meals and lodging. Participants usually bring extra spending money for the camp canteen and a camp photo. Camp Sunrise volunteers/junior counselors will be responsible for bringing their own spending money for their nights and afternoons off. You’ll learn a tremendous amount about serving Christ by volunteering in our camps.

To apply, follow the directions below and return your completed application by May 1, 2017. We ask that you strictly adhere to this deadline. It is difficult for us to assign volunteers to campers if their application does not arrive in a timely fashion.

PLEASE READ CAREFULLY and FOLLOW THESE STEPS TO APPLY:

1. REFERENCES
   All first-time applicants (this includes those applying to be a junior counselor for the first time as well) will be required to provide three character references. Reference forms will be included with your application. Give the reference forms to three adults who know you well. Adults who have known you as a student, parishioner, and employee or have supervised you in an extracurricular activity are most credible. WE CANNOT ACCEPT REFERENCES FROM FRIENDS, FAMILY MEMBERS OR EMPLOYEES OF THE WARWICK CONFERENCE CENTER / CAMP WARWICK. Don’t forget to sign the release statement at the top of the reference form before giving it away. Have your references mail the form directly to us.

2. APPLICATION
   Complete the application and mail it directly to Patricia Ciampa, Volunteer Recruitment Coordinator at The Warwick Conference Center. If you have additional skills and experiences the application does not directly
tell us about, use extra sheets to tell us more about yourself. Please be sure to answer all the personal information questions, and submit these with your application.

**FOR JUNIOR COUNSELORS ONLY:**
To qualify for a junior counselor position, you must be at least 16 years of age, and have served as a volunteer in Camp Sunrise for at THREE weeks. You can use the volunteer application, but be sure to write Junior Counselor at the top to be considered for this position.

3. **DRUG, ALCOHOL and TOBACCO POLICY STATEMENT**
   Please read the enclosed Drug, Alcohol and Tobacco Policy. Return your signed and dated policy statement with your application. This signed and dated policy statement must be returned if you wish to be considered for this position.

4. **HEALTH AND REGISTRATION FORM**
   Please complete and return the enclosed health form with your application. If you were a Camp Snowball Volunteer in December of 2016 or March of 2017 and submitted a health form, you are exempt as long as your TB test and immunizations are up-to-date. We are now requiring that Tb tests be updated every two years (within two years of the start date of camp).

5. **APPLICATION QUALIFICATION**
   In order to be considered for a volunteer counselor or junior counselor position, your application must be completed in full and all reference forms received by May 1, 2017. Please be sure to return your Drug, Alcohol and Tobacco Policy Statement and Health Forms with your application. APPLICATIONS WILL BE ACCEPTED ON A FIRST-COME, FIRST-SERVE BASIS, and assignments will be made based on need (camper enrollment).

Before you make your decision to work at Camp Sunrise, we want to inform you that some of our campers are not only differently-abled, but also have a higher probability of having a different health history that may include Hepatitis, AIDS, etc. Federal and state laws do not allow this information to be shared with the caregivers, and this definitely has implications for any staff member that works at Camp Warwick. This issue should be discussed with your parents before you make your decision to volunteer.

For your protection, we do require every staff member, including volunteers, who work at Camp Warwick to provide their immunization history. We also require that each staff member and volunteer show verification of a TB test within the past two years, and Hepatitis B immunization. Also, be assured that you will be thoroughly trained in using Universal Precautions prior to the campers’ arrival.

Recruiting staff that are positive Christian role models is the key to achieving a quality camp. We ask that you give careful thought to the accompanying application before you apply.

If you have any questions regarding the application process, please don’t hesitate to contact us at 845-986-1164 or by email at warwickcc@optimum.net. We look forward to hearing from you.

Cordially,

Christian Hinchman
Camp Warwick Director

**IMPORTANT DATES:**
**APPLICATION DEADLINE: MAY 1, 2017**
**VOLUNTEER ORIENTATION: SATURDAY, JUNE 24, 2017**
Have you attended Camp Warwick as a camper?

☐ yes  ☐ no

Have you served as a Camp Sunrise Volunteer at Camp Warwick before?

☐ yes  ☐ no

Which grade have you completed?

☐ 9  ☐ 10  ☐ 11  ☐ 12
☐ Other: ________________________

Are there any reasons you may have difficulty in performing any of the essential tasks of a Camp Warwick Volunteer?

☐ yes  ☐ no
If yes, attach explanation.

Have you ever been convicted of a crime other than a minor traffic violation?

☐ yes  ☐ no

Size / Staff Shirt (circle)

S  M  L  XL  XXL

Check off below the week(s) you would like to volunteer:

___ WEEK 1 - 06/25/17 - 06/30/17
___ WEEK 2 - 07/02/17 - 07/07/17
___ WEEK 3 - 07/09/17 - 07/14/17
___ WEEK 4 - 07/16/17 - 07/21/17
___ WEEK 5 - 07/23/17 - 07/28/17

PERSONAL INFORMATION

Name: ________________________________________

Address: ______________________________________

City, State, Zip: __________________________________

Phone: (_____) _________________________________

Email Address: __________________________________

What is the best way to contact you?  ____ Email  ____ Phone

Age: _____ Birth Date _____/_____/_____  M_____ F _____

Parent/Guardian Name(s)

________________________________________________

________________________________________________

CHURCH RELATIONSHIP

Church Name: __________________________________

Address: ______________________________________

City, State, Zip: __________________________________

Pastor Name: ____________________________________

Phone: (_____) _________________________________

What responsibilities or involvements have you had in your church? (Start with most recent)

____________________________________________________________________________________

____________________________________________________________________________________
PREVIOUS CAMP EXPERIENCE

Have you ever attended a camp?  □ yes  □ no  Length of stay: ________________________________
Camp name: ____________________________________________
Type of camp (wilderness, in-camp, etc.): ________________________________
Have you ever worked at a camp?  □ yes  □ no  Position: ________________________________
Camp name: ____________________________________________
Camp address: ____________________________________________
City, State and Zip: _______________________________________
Length of Stay: ________________________________ List any training, education, gifts or other factors
that have prepared you to work with children, youth, and specially-abled children and adults: ________________________________

EDUCATION AND SKILLS
If a student, what high school or college do you attend?  List school name and address.
________________________________________________________
School Activities: ________________________________________

PERSONAL INFORMATION
Please answer the following questions on a separate piece of paper and attach to application:

1. Write a brief statement which describes your Christian faith.
2. Share any previous experience working with children or special-needs children and adults.
3. Why are you applying to be a volunteer at Camp Warwick?
4. What do you feel your strong points or strengths would be if you were accepted to serve at Camp Warwick?

PERSONAL INTERESTS AND HOBBIES
________________________________________________________

MOST RECENT JOBS OR VOLUNTEER SERVICE

1. ________________________________
   Your position
   Employer Name ________________________________ Telephone ________________________________

2. ________________________________
   Your position
   Employer Name ________________________________ Telephone ________________________________

3. ________________________________
   Your position
   Employer Name ________________________________ Telephone ________________________________
CURRENT RED CROSS OR OTHER CERTIFICATIONS - LIST EXPIRATION DATE

☐ ARC Lifeguarding / ___________  ☐ ARC WSI / ___________
☐ ARC First Aid Responding to Emergencies / ___________  ☐ ARC CPR/BLS / ___________
☐ ARC First Aid / ___________  ☐ Other ______________________________

REFERENCE QUESTIONNAIRES

THREE REFERENCES ARE REQUIRED FOR ALL NEW CAMP STAFF. RETURNING STAFF MUST SUBMIT THREE NEW REFERENCES IF THEIR REFERENCES WERE SUBMITTED PRIOR TO 2016.

List three individuals to whom you will give your reference questionnaires. Give each individual a copy of the Reference Questionnaire to complete and return to the Camp Sunrise Volunteer Recruitment Coordinator. References should be completed by a significant adult (i.e., former employer, pastor, youth leader or teacher). REFERENCES FROM FAMILY, FRIENDS OR EMPLOYEES OF THE WARWICK CONFERENCE CENTER (CAMP WARWICK) WILL NOT QUALIFY.

1. Name: __________________________________________ Occupation: ____________________________
   Address: ______________________________________________________________________________
   City, State, Zip: ___________________________ Phone: ______________________________

2. Name: __________________________________________ Occupation: ____________________________
   Address: ______________________________________________________________________________
   City, State, Zip: ___________________________ Phone: ______________________________

3. Name: __________________________________________ Occupation: ____________________________
   Address: ______________________________________________________________________________
   City, State, Zip: ___________________________ Phone: ______________________________

I authorize educational institutions, employers, and city, county, state and federal law enforcement agencies to release information to The Warwick Conference Center, Inc. for the purpose of background investigation.
I hereby certify that all the information listed above, to the best of my knowledge, is both accurate and true.

________________________________________________________________________________________
Signature

________________________________________________________________________________________
Name Printed

RETURN THE COMPLETED APPLICATION TO:

PATRICIA CIAMPA, VOLUNTEER RECRUITMENT COORDINATOR
Camp Warwick at The Warwick Conference Center
P. O. Box 349
Warwick, NY 10990
VOLUNTEER HEALTH & REGISTRATION FORM

THIS FORM MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND NOTARIZED IF THE COUNSELOR IS UNDER 18 YEARS OF AGE.
COUNSELORS OVER THE AGE OF 18 MUST SIGN THIS FORM.

VOLUNTEER COUNSELOR INFORMATION

LAST NAME ________________________________ FIRST NAME ____________________________ INITIAL ________

PARENT/GUARDIAN INFORMATION

Last Name ________________________________ First Name ____________________________ Initial ________
Address _______________________________________________________________ Apt. # ____________
City ___________________________ State _____ Zip ______ Home Telephone ___________________
Spouse Name ___________________________ Bus. Telephone __________________________
Cell Phone _____________________________

IF PARENT/GUARDIAN IS NOT AVAILABLE IN EMERGENCY, NOTIFY

Emergency Contact ___________________________ Telephone __________________________
Relationship to Volunteer ___________________________ Cell Phone ___________________________

CONSENT RELEASE

In signing this release, I certify that the information provided on this form is correct. In case of a medical emergency, I authorize the release of medical records and understand that every effort will be made to contact the parent/guardian. In the event that the parent/guardian cannot be reached, permission is hereby given to the physician selected by The Warwick Conference Center to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for myself (son/daughter), as named herein. I authorize the Camp Warwick Health Director to supervise the self-medication of prescription and over-the-counter medicines by myself (son/daughter) at on-site camps and supervise the First Aid personnel of off-site camps in the distribution of medicines. I give permission for myself (son/daughter) to be transported in The Warwick Conference Center vehicles or other designated vehicles to and from public transportation. I give permission for myself (son/daughter) to be transported by public transportation as necessary for approved off-site camp activities. I authorize the use of photographs of myself (son/daughter) in camp publicity.

PARENT/GUARDIAN* OR VOLUNTEER** SIGNATURE ________________________________ DATE __________

STATE OF ( ) SS:
COUNTY OF ( )

On this (day) _________ (month of) __________, (year) ________, before me personally came ________________________________________, to me known and known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

Notary Public ________________________________

*If you are under 18 years of age, your parent/guardian must sign this form, and have it notarized.
**If you are a volunteer over the age of 18, you must personally sign this form, but you do not need to have it notarized.

(COMPLETE HEALTH INFORMATION ON REVERSE SIDE)
# Volunteer Counselor Health Information Form

## Personal Information

**Last Name:**

**First Name:**

**Date of Birth:**

**Age:**

- Male
- Female

**Date of Last Physical Exam:**

**Physician/Clinic:**

**Telephone:**

**Street Address:**

**City:**

**State:**

**Zip:**

**Health Insurance Co.:**

**Policy #:**

**Health Insurance Co. Phone #:**

Please provide a copy of the insurance card (front & back).

---

## Immunization Record

Please provide an **Official Immunization Record** from your doctor’s office. Include a verification of your most recent TB test.

### Immunizations

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Rubella</td>
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<td>Mumps</td>
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<td>Varicella</td>
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<td>Hepatitis A</td>
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<td>Tetanus</td>
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<td>Diphtheria</td>
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<td>Polio</td>
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<td>Polio</td>
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</table>

**Other:**

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## Allergies

**Asthma:**

- Yes
- No

**Bee Sting:**

- Yes
- No

**Hay Fever:**

- Yes
- No

**Penicillin:**

- Yes
- No

**Other:**

**Food Allergies**

(Please list)

---

## Medications

I give permission to the Camp Warwick Health Director to supervise and/or administer the following medications:

- **Antacids**
- **Aspirin**
- **Cold Medications**
- **Cough Syrup**
- **External Ointments**
- **Suntan Lotion**
- **Tylenol**
- **Other over-the-counter medications (list):**

Please list all prescription medications you are currently taking. Include the dosage & instructions for use.

---

## Medical Information

Are you in general good health and able to participate in all normal camp activities?

- Yes
- No

If no, explain on a separate sheet of paper.

**ADD:**

- Yes
- No

**ADHD:**

- Yes
- No

**Ear Infections:**

- Yes
- No

**Diabetic:**

- Yes
- No

**Seizure Disorders:**

- Yes
- No

- Chronic-recurring illness

- Convulsive disorders

- Recent illness/injury

- Contagious diseases

**List any of the following:**

- **Serious operations (list date/type):**

Please submit statement of how you have been treated and with which medication.

**Prescription drug policy:**

- Yes
- No

If yes, attach a photocopy of the card (front and back).

The **Health Director** will supervise the self-medication of prescription and over-the-counter medicines by counselors on-site camps and supervise the First Aid personnel while off-site in the distribution of medicine. The Health Director stocks most common medications such as Tylenol and cold remedies, so it is not necessary to bring them to camp. **All Medications (Prescription and over-the-counter) Must be in the Original Container, Labeled With the Counselor’s Name and Written Instructions Signed by Your Physician Attached. All Medications (Prescription and over-the-counter) Must be Given to the Health Director.**

Please keep a copy of this form for future reference.
CAMP SUNRISE COUNSELOR/PARENTAL & PHYSICIAN’S AUTHORIZATION FOR ADMINISTERING PRESCRIPTION MEDICINES

INSTRUCTIONS:
1. **ALL** prescription medications **MUST** be brought to Camp in the original container dispensed from the pharmacy with proper labeling.
2. The medication **MUST** be brought to Camp accompanied by **A COPY OF THIS FORM**. Be sure you have included all of the following information: a) counselor’s name, b) name of drug, c) dosage and frequency, d) doctor’s name, address and telephone number, e) possible side effects, f) condition being treated and g) doctor’s signature.

AUTHORIZATION FOR DISPENSING PRESCRIPTION MEDICATION

*To be completed by Parent/Guardian for all counselors under the age of 18.*

I request that ____________________________, age ________ receive the medication as prescribed below by his/her physician. This medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the Camp Nurse or other designated person will administer the medication. My physician has also completed the over-the-counter medications authorization for this camper. I understand that unless otherwise indicated, the Camp Nurse will administer over-the-counter medications as needed.

Parent/Guardian Signature ____________________________ Telephone Number ______________ Date ______________

**TO BE COMPLETED BY PHYSICIAN**

*I request that my patient, as listed below, receive the following medication:*

Patient Name: ____________________________ Age: ______________

Diagnosis: ____________________________

<table>
<thead>
<tr>
<th>NAME OF MEDICATION</th>
<th>PRESCRIBED DOSAGE &amp; MEANS OF ADMINISTERING</th>
<th>TIME TO BE ADMINISTERED</th>
<th>EXPECTED DURATION OF TREATMENT</th>
<th>POSSIBLE SIDE EFFECTS &amp; ADVERSE REACTIONS</th>
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Physician Name (please print): ____________________________________________________________

**Physician Signature:** _______________________________________________________________

Telephone No.: ____________________________ Date: ____________________________

Office Hours: ____________________________________________________________

PLEASE REPRODUCE IF YOU NEED TO LIST ADDITIONAL INFORMATION

2017
VOLUNTEER RECOMMENDATION FORM

PAT CIAMPA, VOLUNTEER COORDINATOR
CAMP WARWICK AT THE WARWICK CONFERENCE CENTER, P. O. BOX 349, WARWICK, NY 10990
845-986-1164 / Fax: 845-986-8874 / Email: warwickcc@optimum.net

TO THE APPLICANT: Please complete the information below. Type or print your information clearly. Send or give this Reference Form to the person providing reference, along with a stamped, return envelope addressed to the Camp Warwick address listed above.

Name of Applicant: ____________________________________________________________

Address: _____________________________________________________________________  _____________________________________________

Street Address                                                                  City                                          State                                           Zip

I, ____________________________________________, am applying for a position as a Camp Warwick
VOLUNTEER Counselor. Your frank appraisal will assist the directors in evaluating my qualifications and abilities.
Thank you.

Applicant Signature: ___________________________________________    Date: ____________________

TO THE PERSON COMPLETING THIS REFERENCE/RECOMMENDATION:

It is the desire of the Camp Warwick directors to hire staff that are trustworthy and capable of caring for and disciplining our campers, including our specially-abled campers (children and adults). It is imperative that all summer staff be positive spiritual role models for our campers (ages 5-adult). Please evaluate the applicant as you have seen him/her in daily life or in church settings. Your response will become part of the applicant’s confidential file. Thank you for your time and effort in filling out this questionnaire.

What is your relationship to the applicant? ______________________________________

_______________________________________________________________________________

How long have you known the applicant? _________________________________________

_______________________________________________________________________________

Source for evaluation: □ records  □ memory  □ both

How would you rate the applicant in the following areas?

Christian Witness
□ excellent . . . faith is evident in entire life
□ good . . . . . faith is an important part of life
□ average . . . faith is evident
□ poor . . . . . faith is sometimes part of life
□ not able to judge

Emotional Stability
□ excellent . . . . exceptionally stable and consistent
□ good . . . . . well balanced in most situations
□ average . . . . usually well balanced
□ poor . . . . . . moody or emotionally inconsistent
□ not able to judge

Cooperation With Others
□ excellent . . . . deeply sensitive to other’s needs
□ good . . . . . . usually cooperative with others
□ average . . . . cooperates when convenient
□ poor . . . . . . difficult to work with
□ not able to judge

Leadership
□ excellent . . . . a leader of leaders
□ good . . . . . . leads when called upon
□ average . . . . more inclined to follow than lead
□ poor . . . . . . negative influence
□ not able to judge
### Motivation / Initiative
- [ ] excellent . . . highly self-motivated
- [ ] good . . . . effectively motivated
- [ ] average . . . usually purposeful
- [ ] poor . . . . purposeless
- [ ] not able to judge

### Integrity
- [ ] excellent . . . consistently trustworthy
- [ ] good . . . . generally honest and true
- [ ] average . . . may stretch the truth
- [ ] poor . . . . questionable
- [ ] not able to judge

### Responsibility
- [ ] excellent . . . diligently follows through on tasks
- [ ] good . . . . follows through on tasks
- [ ] average . . . usually follows through on tasks
- [ ] poor . . . . only follows through when required
- [ ] not able to judge

### Other Traits: Please mark some of the words that best describe this applicant.
- [ ] humorous
- [ ] entertaining
- [ ] aggressive
- [ ] negative
- [ ] contemplative
- [ ] friendly
- [ ] meticulous
- [ ] blunt
- [ ] withdrawn
- [ ] perceptive
- [ ] arrogant
- [ ] excitable
- [ ] helpful
- [ ] confident
- [ ] hyperactive
- [ ] hard to read
- [ ] caring
- [ ] immature
- [ ] mature
- [ ] wise
- [ ] consistent
- [ ] spontaneous
- [ ] analytical
- [ ] determined
- [ ] assertive
- [ ] noisy
- [ ] reliable

### Judgment
- [ ] excellent . . . consistently makes wise decisions
- [ ] good . . . . puts good thought into decisions
- [ ] average . . . puts a little thought into decisions
- [ ] poor . . . . hasty or indecisive (circle one)
- [ ] not able to judge

### Work Ethic
- [ ] excellent . . . gives 100%
- [ ] good . . . . puts in a fair day's work
- [ ] average . . . does enough to get by
- [ ] poor . . . . lazy
- [ ] not able to judge

### Communication
- [ ] excellent . . . articulate in all groups
- [ ] good . . . . usually gets thoughts across well
- [ ] average . . . gets thoughts across, but hesitant
- [ ] poor . . . . has difficulty articulating thoughts
- [ ] not able to judge

### Moral Character: To your knowledge, has this person . . .
- [ ] ever been charged with or convicted of a crime or a DUI? [ ] yes [ ] no
- [ ] ever been subject of a charge of unethical or immoral conduct or behavior? [ ] yes [ ] no
- [ ] ever engaged in or been the subject of a charge of sexual misconduct? [ ] yes [ ] no

If you answered "yes" to any of these questions, please provide all relevant information.

### What do you consider to be this applicant's strengths?

________________________

### What areas in the applicant's life need improvement?

________________________

### If you had a child in grades K-12, how would you feel about this applicant being your child's mentor?

________________________

### What is your overall evaluation of this applicant?

________________________

### I would . . .
- [ ] highly recommend this applicant
- [ ] recommend this applicant
- [ ] recommend this applicant with reservation
- [ ] not recommend this applicant at all
- [ ] prefer to discuss this applicant at all
- [ ] prefer to discuss this further by phone
- [ ] Please give me a call

---

Reference Name (please print) ____________________________  
Reference Signature ____________________________  
Date ____________________________  

Title ____________________________  
Organization ____________________________  
Daytime Phone No. ____________________________  

---

version2017
TO THE APPLICANT: Please complete the information below. Type or print your information clearly. Send or give this Reference Form to the person providing reference, along with a stamped, return envelope addressed to the Camp Warwick address listed above.

Name of Applicant:  

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
</tr>
</thead>
</table>

Address:  

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

I, ____________________________________________, am applying for a position as a Camp Warwick VOLUNTEER Counselor. Your frank appraisal will assist the directors in evaluating my qualifications and abilities. Thank you.

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<th>Applicant Signature</th>
<th>Date</th>
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</table>

TO THE PERSON COMPLETING THIS REFERENCE/RECOMMENDATION:  

It is the desire of the Camp Warwick directors to hire staff that are trustworthy and capable of caring for and disciplining our campers, including our specially-abled campers (children and adults). It is imperative that all summer staff be positive spiritual role models for our campers (ages 5-adult). Please evaluate the applicant as you have seen him/her in daily life or in church settings. Your response will become part of the applicant’s confidential file. Thank you for your time and effort in filling out this questionnaire.

What is your relationship to the applicant?  

|  
|  

How long have you known the applicant?  

|  
|  

Source for evaluation:  

- [ ] records  
- [ ] memory  
- [ ] both  

How would you rate the applicant in the following areas?

**Christian Witness**  
- [ ] excellent . . . faith is evident in entire life  
- [ ] good . . . . . faith is an important part of life  
- [ ] average . . . faith is evident  
- [ ] poor . . . . . faith is sometimes part of life  
- [ ] not able to judge  

**Emotional Stability**  
- [ ] excellent . . . . exceptionally stable and consistent  
- [ ] good . . . . . well balanced in most situations  
- [ ] average . . . . usually well balanced  
- [ ] poor . . . . . moody or emotionally inconsistent  
- [ ] not able to judge  

**Cooperation With Others**  
- [ ] excellent . . . . deeply sensitive to other's needs  
- [ ] good . . . . . usually cooperative with others  
- [ ] average . . . . cooperates when convenient  
- [ ] poor . . . . . difficult to work with  
- [ ] not able to judge  

**Leadership**  
- [ ] excellent . . . . a leader of leaders  
- [ ] good . . . . . leads when called upon  
- [ ] average . . . . more inclined to follow than lead  
- [ ] poor . . . . . negative influence  
- [ ] not able to judge
**Motivation / Initiative**  
- excellent . . . highly self-motivated  
- good . . . . effectively motivated  
- average . . . usually purposeful  
- poor . . . . purposeless  
- not able to judge

**Integrity**  
- excellent . . . consistently trustworthy  
- good . . . . generally honest and true  
- average . . . may stretch the truth  
- poor . . . . questionable  
- not able to judge

**Responsibility**  
- excellent . . . diligently follows through on tasks  
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**Other Traits:**  
- humorous  
- entertaining  
- aggressive  
- negative  
- contemplative  
- friendly  
- meticulous  
- rude  
- withdrawn  
- perceptive  
- arrogant  
- blunt  
- excitable  
- helpful  
- confident  
- arrogant  
- blunt  
- excitable  
- helpful  
- mature  
- hyperactive  
- hard to read  
- immature  
- wise  
- spontaneous  
- shy  
- irresponsible  
- consistent  
- analytical  
- determined  
- assertive  
- reliable

**Judgment**  
- excellent . . . consistently makes wise decisions  
- good . . . . puts good thought into decisions  
- average . . . puts a little thought into decisions  
- poor . . . . hasty or indecisive (circle one)  
- not able to judge

**Work Ethic**  
- excellent . . . gives 100%  
- good . . . . puts in a fair day’s work  
- average . . . does enough to get by  
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- excellent . . . articulate in all groups  
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**Moral Character:**  
*To your knowledge, has this person . . .*

- Ever been charged with or convicted of a crime or a DUI?  
  - yes  
  - no
- Ever been subject of a charge of unethical or immoral conduct or behavior?  
  - yes  
  - no
- Ever engaged in or been the subject of a charge of sexual misconduct?  
  - yes  
  - no

If you answered “yes” to any of these questions, please provide all relevant information.

What do you consider to be this applicant’s strengths? 

_________________________________________________________________________

What areas in the applicant’s life need improvement? 

_________________________________________________________________________

If you had a child in grades K-12, how would you feel about this applicant being your child’s mentor? 

_________________________________________________________________________

What is your overall evaluation of this applicant? 

_________________________________________________________________________

I would . . .  
- [ ] highly recommend this applicant  
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- [ ] prefer to discuss this applicant at all  
- [ ] prefer to discuss this further by phone  
- [ ] Please give me a call  
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Reference Name (please print)  

Reference Signature  

Date  

Title  

Organization  

Daytime Phone No.  

version2017
VOLUNTEER RECOMMENDATION FORM

PAT CIAMPA, VOLUNTEER COORDINATOR
CAMP WARWICK AT THE WARWICK CONFERENCE CENTER, P. O. BOX 349, WARWICK, NY 10990
845-986-1164 / Fax: 845-986-8874 / Email: warwickcc@optimum.net

TO THE APPLICANT: Please complete the information below. Type or print your information clearly. Send or give this Reference Form to the person providing reference, along with a stamped, return envelope addressed to the Camp Warwick address listed above.

Name of Applicant: ___________________________ ___________________________
First Name MI Last Name
Address: __________________________________________ __________________________________________
Street Address City State Zip
I, ___________________________________________ am applying for a position as a Camp Warwick VOLUNTEER Counselor. Your frank appraisal will assist the directors in evaluating my qualifications and abilities. Thank you.

Applicant Signature ___________________________ Date __________

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- ☐ Please give me a call

Reference Name (please print) _______________________________ Reference Signature _______________________________ Date _______________________________

Title _______________________________ Organization _______________________________ Daytime Phone No. _______________________________
TOBACCO POLICY
The use of tobacco products will not be permitted on Camp Warwick or The Warwick Conference Center grounds at any time. Therefore, summer staff and volunteers are required to abstain from tobacco products while on The Warwick Conference Center property for the entire term of their employment. Use of tobacco products will be permitted off grounds during nights off and on weekends.

DRUG & ALCOHOL POLICY
Should summer staff members who are of age be allowed to drink when they are off duty? Many camps ask themselves that question year after year. Alcohol policies are tough - tough to form and tough to enforce. They can cause a clash between staff rights and staff responsibilities. They can lead to the dismissal of even the best employees. Camp Warwick has a zero-drug/alcohol policy because we view our staff as role models for the campers.

Staff members are required to abstain from all alcoholic beverages and illegal drugs for the entire term of employment at Camp Warwick. This policy holds whether staff is under or over 21 years of age, on duty or off duty, on grounds or off grounds, including weekends. Violation of the policy could be reason for immediate dismissal.

I can and will comply with this policy.

________________________________________________________________________
Counselor Name (Print)

________________________________________________________________________
Counselor Signature

________________________________________________________________________
Date

CAMP WARWICK/SUNRISE D&A POLICY 2017