

CAMP JULIENA 2017

Volunteer Application

Deadline for Completed Application: May 1, 2017

Incomplete Applications will not be considered.

I would like to volunteer for:

Youth Camp (July 15-22, camp ages 6-12)

I would like to make a donation:

I would like to help sponsor a camper

I would like to make a general donation

I would like to donate camp supplies

Important Information:

Volunteers are required to attend the trainings described below and may be asked to participate in additional training other or both Camp Julienna sessions begin. The Director will notify volunteers with instructions and materials. Volunteer applicants will be contacted to set up an interview at the director's discretion.

Volunteers accepted for Youth Camp Julienna **are required to attend a half day training beginning at 1pm on July 15, 2017** at Camp Viola. Volunteers are not allowed to leave camp facilities without permission from the Director between July 16, 2017 and July 22, 2017 after clean-up is complete.

NOTES: ALL Volunteers must pass a background check to be considered. Signing below gives Camp Julienna permission to obtain your legal records.

Camp Julienna has a ZERO TOLERANCE policy on child abuse and bullying.

Volunteer Signature _____ Date: _____

Camp Julienna Volunteer Application 2017 - Questions

1. What role does Deafness play in the development of campers' identity?
2. What would your closest friends describe your strengths and weaknesses?
3. There are times campers don't want to participate in activities. How would you help encourage them to join in?
4. A volunteer staff member is on break and notices the water cooler is empty. What do you think the volunteer should do?



Camp Juliena Volunteer Application 2017 - Background Information

Name: _____

Previous Camp Experience

List all the camps you have worked or volunteered (including Camp Juliena)

Name of Camp	Dates worked	Ages of Campers	Paid or Volunteer?

Signing Skills

Your Communication Mode (Check all that apply) ASL Signed English Oral English

Your Sign Skill Level: Beginner Intermediate Advanced Master

FOR YOUTH CAMP ONLY: Please list desired positions*

Cabin Counselor Splash/Recreation Team Nurse
 Kitchen Staff Art /Nature Team Media Team

Number top 2 interests.
Place an "X" by
Least desired position.

*We will try meet your preference, but we appreciate your flexibility.

Education

	Name of Institution	Degree Earned
High School		
Technical School/College		
College		

Employment (Current or Last)

Name of Employer: _____

Address: _____

Starting Date _____ Leaving Date _____ Type of work _____

Reason for Leaving _____

References

Name:	Address:	Phone:

Have you been convicted of a felony within the last five (5) years? Yes No

If yes, please explain (will not necessarily exclude you from consideration):

I certify that all information on this application is correct. I authorize GCDHH/Camp Juliena to verify this information. I understand that intentionally providing falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to provide any information concerning my employment. I understand that my picture/video may be used in camp promotion.

Volunteer's Signature: _____ Date: _____

SEND COMPLETED APPILCATION/FORMS TO:

Georgia Center of the Deaf and Hard of Hearing, Inc (GCDHH)

Attn: Camp Juliena

4151 Memorial Drive, Suite 103-B

Decatur, Georgia 30032

campjuliena@gcdhh.org