



Mary Help of Christians Camp
659 Belmont Avenue
North Haledon, NJ 07508
camp@maryhelp.org
Fax: (973) 790-6125

VOLUNTEER COUNSELOR APPLICATION 2018

NAME: _____ Present Grade: _____

ADDRESS: (Street) _____

(City, State, Zip) _____

Home Phone: _____ Cell Phone: _____

Email: _____ EMERGENCY PHONE: _____

Name of School I attend: _____

List the qualities/talents you possess that you feel would make you a valuable asset to Mary Help of Christians Camp. (e.g. dance, singing, art, computer, drama)

List any particular certifications you may have (e.g., lifeguard, first aid, CPR, etc.)

List the names and phone numbers your School Principal and one teacher.

Principal Name Phone

Teacher Name Phone

I understand that being a Counselor at MHCC reflects a commitment on my part to be a positive, Christian role model for the children and other staff members. I am aware that the use of alcohol or drugs at any time on MHCC premises or during my time of service/employment is cause for immediate dismissal. **I am aware that any information I post or is posted about me in a public domain, both electronic and non-electronic, that is not in keeping with Catholic values can be cause for immediate dismissal.**

Counselor's Signature _____

PARENT CONSENT:

I ask that my daughter/son _____ be considered for a position at Mary Help of Christians Camp. I am aware that she/he is offering her/his services for a minimum of three weeks period.

Signature of Parent/Guardian: _____ Date _____

STUDENT COMMITMENT:

I pledge myself to participate in PRE-CAMP MEETINGS/WORKSHOPS scheduled for:

Friday, June 15th from 7:30PM-9PM (new staff only)

Saturday, June 16th from 10:00AM-1PM (all staff)

Check weeks you will participate.

**Placement in groups will be based on experience from previous years, length of service, the order application are received, and references.*

_____ All Season: June 25 to August 3, 2018

_____ Week 1: June 25th - June 29th

_____ Week 4: July 16th – July 20th

_____ Week 2: July 2nd – July 6th

_____ Week 5: July 23rd – July 27th

_____ Week 3: July 9th – July 13th

_____ Week 6: July 30th – August 3rd

I prefer to work with _____ a group, or _____ a special activity.

If special activity, which one? _____

I prefer to work with children age: _____ 4-6 _____ 7-8 _____ 9-10 _____ 11-13

What time would you prefer to work? _____ 7:30am-4pm _____ 8:30am-5pm

Do you have any siblings or relatives who will be campers here this summer? _____

If yes, what gender and age are they? _____

Signature of Student _____

* One Camp Staff shirt will be given to new applicants. If you wish to purchase additional camp shirts, the cost is \$10 for each addition shirt. (Keep in mind that you have to wear a Camp Staff shirt everyday. Past Camp Staff shirts are allowed.)

Name _____

VOLUNTEER AGREEMENT FOR SERVICE AT MHC CAMP

_____ Service Hours
(40 hours per week)

I, _____, understand that I am committing myself to work for Mary Help of Christians Camp and, in return, I will receive the above-mentioned compensation. Failure to comply with the rules of the Camp, or failure to fulfill my duties responsibly could result in the loss of this position as well as any compensation that I would have received.

Signature of Volunteer: _____

Signature of Parent: _____
(If applicant is under 18 years of age)

Date: _____ Current Grade: _____

Photo Release (for subjects under 18 years old)

I (parent's name, please print) _____, give Mary Help of Christians Camp the absolute right and permission to use my child's photographs in news articles and brochures. I release the Missionary Society of the Salesian Sister, Inc., the photographer, their officers, employees, agents and designees from liability for any violation of any personal or propriety right I may have in connection with such use.

Name of child: _____

Parent's Signature: _____

Mary Help of Christians Camp Volunteer Health Form

Name: _____ Date: _____

Position: _____

Address: _____

Phone: _____ Emergency Phone _____

Emergency Contact Person (Name and relationship):

Insurance Company & Policy Number: _____

Social Security Number: _____ Date of birth _____

Health History:

Any medications currently being taken

Current or recent health problems

Past serious illnesses and injuries

Allergies

Any sight or hearing problems

***Date of last physical:** _____ **Date of last tetanus:** _____

Name of family physician: _____

***Date of last TB test:** _____ **Type:** _____ **Result:** _____

I am both physically and mentally fit to perform the duties required for the position requested, and pose no health risks to campers or other employees. I further certify that the above information is correct to the best of my knowledge and belief. In the event that, due to accident, illness, or injury, I become unable to determine my own medical care, I give permission for the release of this information and for the MHC Camp Director, or her delegate to secure proper treatment for me.

Signature: _____ Date: _____