



Dear Applicant:

Thank you for your interest in our camp program. Camp Beyond the Scars Summer Camp will be hosted **June 26-July 2, 2010 at Cuyamaca Camp**. Please complete and return your application before the deadline **April 01, 2010**. If for any reason, you must withdraw your application, please notify the Burn Institute in a timely manner.

Each year we receive more and more camp volunteer applications. Unfortunately, we only have a limited number of spots for counselors and simply cannot accommodate everyone. For this reason, we advise sending in your camp application as soon as possible. All applicants, whether selected or not, will be notified by mail after April 15, 2010. NOTE: There is no guarantee that a prior volunteer will be selected to participate in this camp session.

Being a camp volunteer takes time and commitment; therefore, we request that you attend one of the following:

1. Summit completed application by April 01, 2010
2. Conduct a Live Scan once application is accepted (for new counselors)
3. Attend a Mandatory Counselor Training date (date options to be determined)
4. Attend Mandatory Counselor Orientation Saturday, June 26, 2010 beginning at 3:00 PM.

We reserve the right to refuse or excuse any applicant based on one or more of the following:

- **Failure to return application postmarked on or prior to deadline date.**
- **Does not attend one of the three Mandatory Counselor Training Sessions.**
- **Negative action by applicant that in any way lessens the camp experience for campers, volunteers and staff alike. This applies to any previous camp session, as well as, before or during the 2010 camp session.**
- **All volunteers participating in camp as counselors or staff will be required to remain at camp full-time. No part-time counselors will be accepted.**
- **Saturday, June 26, 2010 is designated as Counselor Orientation at Cuyamaca Camp. This date is mandatory.**

Sincerely,

Dana Kuhn
Burn Institute, Support Service Manager
Phone: 858-541-2277 Ext. 21
Fax: 858-541-7179
dkuhn@burninstitute.org

Application Deadline: April 01, 2010



Please mail or fax to: Burn Institute, 8825 Aero Drive, Suite 200, San Diego, CA 92123
 Fax: 858-541-7179

COUNSELOR APPLICATION (June 26-July 2, 2010)

(PLEASE PRINT)

LAST NAME	FIRST NAME	NICKNAME	DOB
MAILING ADDRESS		CITY	ST ZIP CODE
OCCUPATION	IF FIRE STATION WHAT STATION AND SHIFT		
HOME PHONE	CELL PHONE	WORK PHONE	
T-SHIRT SIZE	E-MAIL		

WILL YOU BE OF 21 YEARS OF AGE ON JUNE 26, 2010? Y / N

WILL YOU BE AVAILABLE FOR PARTICIPATION JUNE 26 THRU JULY 2, 2010? Y / N

PERSONAL EXPECTATIONS:

HOW DO YOU FEEL YOUR PARTICIPATION WILL BENEFIT THE CAMP PROGRAM?

WHAT DO YOU PERSONALLY HOPE TO GAIN FROM PARTICIPATING IN THE CAMP PROGRAM?

PREVIOUS CAMP/COUNSELOR EXPERIENCE:

CAMP/ORGANIZATION	POSITION	DATE(TO/FROM)
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ADDRESS	PHONE
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BRIEF DESCRIPTION OF DUTIES

PERSONAL REFERENCES:

PLEASE PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF THREE PERSONS (NOT RELATED) WHO HAVE KNOWLEDGE OF YOUR CHARACTER, EXPERIENCE AND ABILITY.

NAME	MAILING ADDRESS	PHONE
NAME	MAILING ADDRESS	PHONE
NAME	MAILING ADDRESS	PHONE

KNOWLEDGE, SKILLS AND ABILITIES:

PLEASE CIRCLE ACTIVITIES BELOW THAT YOU HAVE EXPERIENCE AND INTEREST IN.

- | | | | | |
|------------------|------------|-------------|-----------------|---------------|
| SWIMMING | HIKING | PHOTOGRAPHY | BACK PACKING | STORY TELLING |
| JEWELRY MAKING | COMPUTER | DRAMA | ZOOLOGY | BOTANY |
| HORSEBACK RIDING | COOKING | SINGING | HIKING | PARKS |
| SKATEBOARDING | WOODWORK | ASTRONOMY | SURFING | CANOEING |
| ROCK CLIMBING | TIE DYEING | DANCING | MOUNTAIN BIKING | RAFTING |
| KNITTING | POTTERY | ARTS/CRAFTS | VIDEOGRAPHY | RAPPELLING |

DO YOU PLAY A MUSICAL INSTRUMENT? Y / N

IF YES, WHAT TYPE AND WOULD YOU BE WILLING TO BRING IT TO CAMP? _____

DO YOU HAVE ANY OTHER SPECIAL SKILLS/TALENTS THAT YOU WOULD BE WILLING TO SHARE AT CAMP? IF SO, PLEASE DESCRIBE: _____

DO YOU SPEAK A SECOND LANGUAGE? Y / N

IF YES, PLEASE INDICATE TYPE AND DESCRIBE ABILITIES: _____

DESCRIBE ANY SPECIAL KNOWLEDGE, SKILLS AND ABILITIES THAT YOU POSSESS THAT ARE NOT LISTED ABOVE THAT YOU FEEL WOULD BENEFIT THE CAMP PROGRAM:

CERTIFICATES/LICENSES:

CPR/AED CERTIFICATION? Y / N TYPE: _____ EXPIRATION: _____

DO YOU HAVE FIRST AID TRAINING? Y / N EXPIRATION: _____

GENERAL INFORMATION (BURN SURVIVORS):

HOW OLD WERE YOU WHEN YOU RECEIVED YOUR INJURIES? _____

WHEN DID IT OCCUR? (MO/YR) _____

WHAT WAS THE CAUSE OF THE INJURY?

WHAT PARTS OF THE BODY WERE INJURED?

TBSA%: _____

ARE YOU CURRENTLY WEARING PRESSURE GARMENTS? Y / N

SPLINTS? Y / N

OTHER: _____

ARE THERE ANY PHYSICAL RESTRICTIONS OR NEEDS, BURN RELATED OR OTHER? Y / N

DO YOU HAVE ANY SPECIAL DIETARY NEEDS OR CONCERNS? Y / N

If yes, please explain: _____

ARE YOU CURRENTLY INVOLVED IN PHYSICAL THERAPY? Y / N

If yes, please explain: _____

ARE YOU CURRENTLY INVOLVED IN OCCUPATIONAL THERAPY? Y / N

If yes, please explain: _____

HAVE YOU BEEN EXPOSED TO ANY TYPE OF INFECTIOUS DISEASES? Y / N

If yes, please explain: _____

DO YOU HAVE A HISTORY OF OR ANY CONCERNS REGARDING ANY OF THE FOLLOWING?

___ HEADACHES ___ SLEEPWALKING ___ BREATHING DIFFICULTY ___ HEART PROBLEMS

___ CONSTIPATION ___ HOMESICKNESS ___ STOMACH PROBLEMS ___ DIABETES

___ FAINTING ___ NOSE BLEEDS ___ SEIZURES

DO YOU HAVE ANY FEARS REGARDING THE FOLLOWING?

___ ANIMALS ___ BEING ALONE ___ FIRE

___ DARK ___ HEIGHTS ___ WATER

PERSONAL BACKGROUND HISTORY (Use separate sheet if necessary):

LIST THE PREVIOUS RESIDENCE(S) FOR THE LAST 5 YEARS:

CITY	STATE	YEARS
CITY	STATE	YEARS

HAVE THERE BEEN ANY SIGNIFICANT EVENTS IN YOUR PERSONAL OR PROFESSIONAL LIFE THAT WOULD AFFECT YOUR PARTICIPATION IN OUR MENTORSHIP PROGRAM? Y / N
If yes, please explain: (Use separate sheet if necessary)

HAVE YOU EVER BEEN CONVICTED, FINED, PLACED ON PROBATION OR IMPRISONED? Y / N
If yes, please explain: (Use separate sheet if necessary)

HAVE YOU EVER BEEN ACCUSED OF, ARRESTED FOR, CONVICTED OF OR IN ANY OTHER WAY BEEN INVOLVED IN AN ALLEGATION OF A CRIME INVOLVING A CHILD? Y / N
If yes, please explain: (Use separate sheet if necessary)

HAVE YOU EVER BEEN FOUND LIABLE FOR CIVIL PENALTIES OR DAMAGES INVOLVING SEXUAL OR PHYSICAL ABUSE OF A CHILD OR CHILDREN? Y / N
If yes, please explain: (Use separate sheet if necessary)

ARE YOU NOW OR HAVE YOU EVER BEEN SUBJECT TO ANY COURT ORDER INVOLVING THE SEXUAL OR PHYSICAL ABUSE OF A MINOR, INCLUDING, BUT NOT LIMITED TO, A DOMESTIC PROTECTION ORDER OR THE TERMINATION OF PARENT(S)/GUARDIAN(S)AL RIGHTS? Y/N
If yes, please explain: (Use separate sheet if necessary)

I UNDERSTAND THAT:

1. If hired, circumstances are discovered that would indicate a “yes” answer to any of the above questions, employment and/or volunteer services may be terminated immediately.
2. The information provided on this form is subject to verification, which may include criminal history check and a request of information from any central registry of child abusers.
3. The camp may terminate employment (or volunteer services) of any person that is found regardless of when discovered, to have:
 - a. A history of complaints of abuse or neglect towards a minor;
 - b. Resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
 - c. Falsified or omitted information in this disclosure statement.

PLEASE INITIAL: _____

I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all others from liability in connection with the same. I understand that, if employed, I will be an at-will (non-compensated) employee unless there is an agreement or law that alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated camp official. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by the camp.

Signature: _____ Date: _____

STAFF BEHAVIOR AGREEMENT:

TRAINING	ALL COUNSELORS MUST ATTEND THE ENTIRE SCHEDULED TRAINING SESSION HELD BEFORE CAMP AND MAY NOT SERVE AS BUS CHAPARONES, OR BE LATE FOR THE SESSION.
DRUGS & ALCOHOL	THE POSSESSION OR USE OF NON-PRESCRIPTION DRUGS OR ALCOHOL IS STRICTLY PROHIBITED. VIOLATION OF THIS RULE WILL RESULT IN IMMEDIATE DISMISSAL.
TOBACCO USE	POSSESSION OR USE OF SMOKING AND TOBACCO PRODUCTS IS NOT PERMITTED AT CAMP.
VISITORS & LEAVE	NO ONE IS ALLOWED TO LEAVE CAMP WITHOUT FIRST NOTIFYING THE CAMP DIRECTOR. IF YOU DO LEAVE FOR AN UNEXCUSED REASON, YOU WILL NOT BE PERMITTED TO RETURN. VISITORS ARE NOT ALLOWED ON THE PREMISES WITHOUT PRIOR APPROVAL OF THE CAMP DIRECTOR.
ELECTRONIC DEVICES	CAMP DISCOURAGES THE USE OF ANY AND ALL ELECTRONIC MEDIA.
CURFEW	CAMP STAFF WILL BE IN BED BY 11:00 PM EACH NIGHT IN ORDER TO ASSURE THAT A GOOD NIGHT'S SLEEP IS OBTAINED IN PREPARATION FOR THE FOLLOWING DAY'S ACTIVITIES. CAMP STAFF WILL SLEEP IN THEIR ASSIGNED CABINS EVERY NIGHT.
CLOTHING	CLOTHING WITH WORDING, GRAPHICS OR ANY TYPE OF DESIGN THAT MIGHT BE CONSTRUED AS NEGATIVE OR OFFENSIVE TOWARDS OTHERS IS PROHIBITED. GOOD PERSONAL HYGIENE STANDARDS MUST BE PRACTICED, AND DRESS SHALL BE NEAT AND CLEAN.
CONDUCT	COUNSELORS MUST FOLLOW THE GUIDELINES FOR "STAFF CONDUCT". ANY BEHAVIOR THAT DISPLAYS NEGATIVE ROLE MODELING AND MAY BE CONSTRUED AS DETRIMENTAL TO THE CAMP'S INTEGRITY WILL NOT BE TOLERATED AND WILL BE GROUNDS FOR DISMISSAL.
PETS	NO PERSON SHALL HAVE DOGS OR DOMESTIC PETS IN CAMP.
MEDICATION	ALL MEDICATIONS (OVER-THE-COUNTER AND PRESCRIPTION) MUST BE TURNED OVER TO THE CAMP NURSE UPON ARRIVAL AND WILL BE STORED UNDER LOCK AND KEY. MEDICATIONS WILL ONLY BE DISPENSED UNDER THE DIRECTION OF MEDICAL STAFF.
PRIVACY	DO NOT TOUCH ANYONE ELSE'S BELONGINGS WITHOUT THEIR PERMISSION
LEADERSHIP	ALL RULES AND DIRECTIVES ISSUED BY THE CAMP DIRECTOR AND STAFF MUST BE SUPPORTED.

ALL STAFF WILL BE RESPONSIBLE FOR ADHERING TO ALL RULES AND REGULATIONS AS APPROVED BY THE CAMP COMMITTEE AND OUTLINED IN THE CAMP BEYOND THE SCARS POLICY AND PROCEDURES MANUAL.

I, _____, UNDERSTAND THAT THE POSITION AS COUNSELOR AT CAMP BEYOND THE SCARS IS NON-COMPENSATED, AND INVOLVES WORKING TWENTY-FOUR HOURS A DAY FOR THE DURATION OF THE POSITION. I FURTHER REALIZE THAT CAMP, BY NATURE, IS PHYSICALLY AND MENTALLY STRENUOUS AND THAT I HOLD HARMLESS THE BURN INSTITUTE FOR ANY CLAIM RESULTING FROM PARTICIPTION AT "CAMP BEYOND THE SCARS". THE BURN INSTITUTE RESERVES THE RIGHT TO RELEASE ANY VOLUNTEER BECAUSE OF LACK OF CAMPERS, OR IF BEHAVIOR OF THE VOLUNTEER IS, IN THE SOLE JUDGEMENT OF THE CAMP DIRECTOR AND STAFF, IS DETERMINED TO BE DETRIMENTAL TO THE BEST INTEREST OF THE CHILDREN AND/OR ADULTS USING THE FACILITIES AND/OR THE OVERALL WELFARE OF THE CAMP PROGRAM.

SIGNATURE: _____ DATE: _____

Conduct Agreement

This Conduct Agreement has been developed to protect Camp Beyond the Scars, its volunteers, counselors, campers, staff members and the Burn Institute. All camp volunteers, staff, and counselors must read and adhere to the following policies and procedures. Any camp volunteers, staff, and/or counselors who are in violation of these standards may not be allowed to participate in future camps.

These guidelines are meant to give you a clear understanding of the conduct procedures we expect as we are attempting to safeguard you as well as our campers. We value our volunteers, staff members and counselors, as well as require exceptional representation and positive leaders for our campers.

I, _____, agree that I will abide by the following rules of the Burn Institute and acknowledge that if I fail to abide by these rules I may be subject to dismissal from Camp Beyond the Scars:

1. I will not attempt to keep in touch and/or meet with campers (ages 5-17) outside of camp without prior notification approved from Burn Institute staff.
2. I will not accept campers (ages 5-17) as “friends” or “contacts” on any web based profile sites (i.e. MySpace and Facebook).
3. I will not post images or videos of camp that includes campers (ages 5-17) on web based profile sites (i.e. MySpace, Facebook and YouTube) without approval from Burn Institute staff.
4. I will not at any time be in possession of cigarettes, drugs, alcohol or any other illegal substance in the presence of any camper under the age of 21, including Leaders-In-Training, in between camps.

I have read and understand the Conduct Agreement as I agree that I am subject to the stated consequences should I act outside of any of these standards.

Signature

Date