



# CALI-CAMP SUMMER DAY CAMP

## Volunteer Junior Staff Application 2008



Last Name	First Name	Social Security Number ( ) -		
Address	City	State	Zip	Telephone Number ( ) -
Summer Address (if different)	City	State	Zip	Telephone Number
Email Address: _____				

**Age: \_\_\_\_\_ (as of June 2008) Birthdate: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_**

### EDUCATIONAL / PERSONAL BACKGROUND

Who referred you to (told you about) the Cali-Camp Junior Counselor Program? \_\_\_\_\_

What grade will you be going into in September 2008? \_\_\_\_\_ What school will you be attending in September 2008? \_\_\_\_\_  
Which School District? \_\_\_\_\_

Do you play on any athletic teams? Y( ) N( ) If so, list: \_\_\_\_\_

Do you participate in any extra curricular activities? Y( ) N( ) If so, list: \_\_\_\_\_

Are you involved in any clubs or organizations in or out of school? Y( ) N( ) If so, list: \_\_\_\_\_

List your hobbies and special interests: \_\_\_\_\_ Did you attend camp as a child? Y( ) N( )  
If so, which camp(s)? \_\_\_\_\_

What was the most memorable experience you had in camp? \_\_\_\_\_

Please share with us the experiences in your life that will give us insight into your potential leadership and supervision abilities (use back of page if more space is needed)

What do you expect to gain from your training experience at Cali-Camp? \_\_\_\_\_

Have you ever been arrested and convicted of a crime involving DRUGS, SEX OR VIOLENCE? Y( ) N( ) \*\*\* If yes, please explain:

\*\*\*California Assembly Bill 2914 provides for the furnishing of conviction records relating to crimes involving drugs or violence in addition to sex offenses. Space

#### CERTIFICATION

1. Do you possess a current Standard First Aid Certificate? Y( ) N( )
2. Do you possess a current child CPR Certificate? Y( ) N( ) or adult CPR Certificate? Y( ) N( )
3. Do you possess any of the following Aquatic Certificates?:

American Red Cross Lifeguard Training	Y( ) N( )	YMCA Lifeguard	Y( ) N( )
American Red Cross Advanced Lifesaving	Y( ) N( )	Lifeguard BSA	Y( ) N( )
Royal Lifesaving Bronze Medallion	Y( ) N( )	or Equivalent Certification	Y( ) N( )

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts that are required is cause for immediate dismissal.

Junior Counselor's Signature	Date	Parent's / Guardian's Signature	Date
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**Send completed application and tuition fee to:**

**Cali-Camp, Winter/Spring Personnel Office, 39-103 Desert Greens Drive East, Palm Desert, CA 92260**

**Questions ??** Call (760) 836-3894 – office hours 9:00AM to 5:00PM or email us at [staff@calicamp.com](mailto:staff@calicamp.com)

**OFFICE USE ONLY:** Date received: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Year 1 \_\_\_\_ Year 2 \_\_\_\_ Year 3 \_\_\_\_ Processed By \_\_\_\_\_