



# Camp Sue Osborn Application for Teenage Volunteers

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## Job Description

### **I. Qualifications**

1. Volunteer must be able to care for own basic needs 100% independently.
2. Volunteer must be able to follow 2 - 3 part oral directions.
3. Volunteer must be able to be left unsupervised for long periods of time.
4. Volunteer must be able to push a wheelchair.
5. Volunteer has completed 9th grade and has had experience or a desire in working with children with varying abilities.

### **II. General Responsibilities**

1. Attend orientation and other planning meetings
2. Familiarize self with daily schedules
3. Wear volunteer identification at all times
4. Follow instructions of counselor to which assigned
5. Comply with Camp Sue Osborn policies

### **III Volunteer may be assigned to perform any of the tasks below:**

1. Run errands and relay messages
2. Go for assistance in case of emergency
3. Deliver/retrieve equipment, clothing, etc.
4. Assist ambulatory campers in dressing
5. Assist staff members in dressing/undressing non-ambulatory campers
6. Push wheelchairs (if training has been received)
7. Assist in physical transfers of non-ambulatory campers
8. Assist with responsibilities for a designated numbers of campers
9. Assist in assuring that all campers are accounted for at all times
10. Inform staff of any inappropriate camper behavior
11. Assist in activities and special programs
12. Assist in other ways if not specifically included in list of restricted responsibilities below
13. Assist in loading and unloading of camper(s) from buses following established procedure
14. Assure that no camper is out of sight of supervising staff person

### **IV Volunteers are NOT to be assigned responsibility for:**

1. Supervision/monitoring of campers without a staff member present
2. Transferring non-ambulatory campers alone
3. Major repositioning of campers in wheelchairs
4. Locking or unlocking braces
5. Toileting campers without staff member present
6. Feeding campers (i.e., food or drink) without appropriate training and staff supervision
7. Operating bus lifts



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NAME: \_\_\_\_\_ GRADE COMPLETED \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ SCHOOL: \_\_\_\_\_ AGE: \_\_\_\_\_

I would like to volunteer for:

\_\_\_\_\_ Day Camp at YMCA in Perry, Ohio; June 28 - July 2 AND July 5 - July 9, 2010

\_\_\_\_\_ Residence Camp at Camp Burton in Burton, Ohio; July 18 - July 24, 2010 (Room and board provided)

\_\_\_\_\_ Both Camps

### GENERAL VOLUNTEER INFORMATION

**VOLUNTEERS MUST HAVE COMPLETED THE 9TH GRADE.**

**VOLUNTEERS ASSIST COUNSELORS AND AIDES IN ALL GROUP ACTIVITIES.**

**VOLUNTEERS ARE NEVER TO BE ALONE WITH CAMPER'S OUTSIDE IMMEDIATE COUNSELOR/AIDE SUPERVISION**

**VOLUNTEERS MUST AGREE TO ABIDE BY ALL CAMP POLICIES, RULES AND REGULATIONS.**

**VOLUNTEERS MUST ATTEND ORIENTATION AND TRAINING SESSIONS.**

Please list the names of the teachers or adults (other than relatives) that will be given the **VOLUNTEER RECOMMENDATION FORM**. Please select 3. The form explains its purpose and gives directions on how to complete and return.

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

### ~ PARENTAL CONSENT ~

**I HAVE READ THE ABOVE INFORMATION AND VERIFY THAT IT IS CORRECT. I GIVE MY PERMISSION FOR MY SON/DAUGHTER TO PARTICIPATE IN THIS VOLUNTEER PROGRAM. I UNDERSTAND THAT CAMP SUE OSBORN CANNOT BE HELD RESPONSIBLE FOR ANY INJURIES TO MY SON/DAUGHTER WHILE AT CAMP SUE OSBORN.**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_



## Camp Sue Osborn Application for Teenage Volunteers

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**1. Why would you like to be a volunteer at Camp Sue Osborn?**

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**2. What special skills or interests do you have that would benefit other volunteers, campers and staff members?**

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**3. What do you expect to gain from your volunteering experience?**

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**4. What do you consider some of your strengths?**

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**5. What do you consider some of your weaknesses?**

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**Please return completed application to:  
Camp Sue Osborn  
8090 Broadmoor Road  
Mentor, OH 44060**