



# Camp Holiday Trails

A Camp for children with special health needs  
400 Holiday Trails Lane · Charlottesville, VA 22903  
(434)977-3781 · Fax: (434)977-8814 · [program@campholidaytrails.org](mailto:program@campholidaytrails.org)



Office Use Only:

Date Received: \_\_\_\_\_

References Checked: \_\_\_\_\_

Interview: \_\_\_\_\_

## Returning Seasonal Staff & Volunteer Application

**STAFF:** Must be 18+ and one year removed from high school.

**VOLUNTEERS:** Must be 16-21 for our Teen Residential Volunteer Program; ages 14+ welcomed as daytime volunteers.

Most staffing decisions will be made by April 1<sup>st</sup> so apply EARLY

**PLEASE PRINT CLEARLY**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

CURRENT Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Current Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

PERMANENT Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Permanent Phone \_\_\_\_\_ How did you hear about Camp Holiday Trails? \_\_\_\_\_

## 2012 Camp & Event Dates

*(Dates in Bold are Summer Camp Dates)*

29<sup>th</sup> Annual UVA Med School 5K, *benefitting CHT*

Spring Spruce Up

Family Camp, *with the UVA Ryan White Clinic*

Family Hemophilia Camp, *with Virginia Hemophilia Foundation*

19<sup>th</sup> Annual CHT Golf Tournament

**Counselor Training Week**

Central VA Burn Camp, *with VPF*

**Session 1 – Young Camper Week (& sibs), ages 5-12**

**Session 2**

**Session 3**

**Session 4 – Camp Youngblood (& sibs), with Virginia Hemophilia Foundation**

**Session 5 – Family Camp Mini-Week**

**Camp Whispering Trails – Teen Camp, with Williams Syndrome Association**

**Camp Kesem, with UVA, for children with a family member with cancer**

Family Cardio Camp, *with UVA Pediatric Cardiology*

Camp Whispering Trails – Adult Camp, *with Williams Syndrome Association*

7<sup>th</sup> Annual Family Day

March 25

March 31

April 13-15

May 25-27

June TBD

**June 3-8**

June 10-16

**June 17-22**

**June 24–July 6**

**July 8-20**

**July 22-27**

**July 29-August 1**

**August 5-10**

**August 12-18**

September TBD

October 11-14

November 3

Additional copies of application and other information available at:

[www.campholidaytrails.org](http://www.campholidaytrails.org)

*Camp Holiday Trails, a non-profit 501(c)3 organization, is a Camp for children with chronic illnesses and special medical needs.*

*Established in 1973, Camp Holiday Trails' mission is to empower, encourage and educate children with chronic illnesses, their families and healthcare professionals by providing a summer Camp and year-round programming aimed at personal growth.*

Please indicate the position(s) which you are interested in:

**Summer STAFF:**

- Assistant Director (May – August)
- Counselor (7 weeks)
- Counselor (8 weeks including Family Camp)
- Counselor (9 weeks including Camp Whispering Trails)
- Counselor (10 weeks including Camp Kesem)
- Lifeguard (hourly, 10 weeks)
- Kitchen Staff (10 weeks)

**Summer VOLUNTEER: Dates available:** \_\_\_\_\_

- Program Volunteer
- Maintenance Volunteer
- Office Volunteer
- Kitchen Volunteer
- Horse Program Volunteer

**NOTE: all MEDICAL STAFF VOLUNTEERS please contact the Camp Office for a Med Staff Application or go to [www.campholidaytrails.org](http://www.campholidaytrails.org)**

**Special Skills & Certifications**

Are you currently certified in any of the following areas? Please attach copy of appropriate certification:

- First Aid
- CPR
- Lifeguard
- Ropes Course

Do you have any other certifications or professional licenses (nursing, therapy, teaching, etc.)?  Yes  No

If yes, please specify and attach copy of certification: \_\_\_\_\_

If applying for a Counselor or Program Volunteer position, with which age group(s) do you feel you are best suited to work?

- 5 – 7 year olds
- 7 – 9 year olds
- 10 – 11 year olds
- 12 – 13 year olds
- 14 – 15 year olds
- 15 – 17 year olds (Blazer Leadership Program)
- No Preference

**Education:**

Current educational level obtained:  High School Diploma/GED      College (Year completed by Summer of 2012):

- 1 year       2 years       3 years
- 4 years       Graduate

Name of college and degree/area of study (if applicable): \_\_\_\_\_

**Employment Experience:**

Last or Current Employer: \_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_ City, State \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Your Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Past Employer: \_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_ City, State \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Your Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

**References (please provide two references: non-family members and different from employers):**

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Occupation \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Occupation \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**Please answer the following questions** (attach a separate sheet if necessary):

- Which of these Camp activities do you consider yourself best suited for?  
 Waterfront       Challenge Course       Messy Art (science and messy “art”)       Nature       Pool  
 Music       Art       Athletics       Drama       Other (special talent you can share?): \_\_\_\_\_

- What ideas do you have for new activities or programs that you would like to see at Camp?  
\_\_\_\_\_  
\_\_\_\_\_

- Our mission is to *empower, encourage, and educate* children with special medical needs. How has your experience at CHT empowered, encouraged, and educated you?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Why do you want to return to CHT for another summer?  
\_\_\_\_\_  
\_\_\_\_\_

- Thinking back on your experience at Camp, what, if anything, would you do differently?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- What will your goals be for this summer?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Attach a current résumé (optional).

- **Your Mission if you choose to accept it:**  
    » Come up with a never-before-seen, All-Star, out of this world Evening Program and describe it below.

**Background Information:**

Please answer yes or no to the following questions:

- Has your name ever appeared on a sex offender registry?  Yes  No
- Have you ever been arrested, charged with, convicted, plead guilty, plead no contest or had adjudication withheld on any crime except minor traffic offenses?  Yes  No
- Has your driver’s license ever been revoked or suspended?  Yes  No
- Have you ever been fired for cause or suspended/expelled from school?  Yes  No

If you answered yes to any of the above questions, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please answer honestly. We run a criminal background check on all applicants.

Are there any reasons you may have difficulty performing any of the essential functions of the job for which you have applied?  
 Yes  No

If yes, please explain: \_\_\_\_\_

Can you safely lift 50 pounds?  Yes  No

**Important Guidelines for all Camp Holiday Trails Staff**

- The following are prohibited on Camp property: Smoking – Alcoholic Beverages – Illegal Drugs  
*No one is allowed at Camp under the influence of any drug.*
- Camp work is demanding and requires: Long Hours – Curfews – Limited Time Off – Lack of Privacy – No Pets  
*.... but it is also lots of fun!*

Are you willing to work under these conditions?  Yes  No

If no, please explain: \_\_\_\_\_

**Applicant’s Certification and Agreement**

I, \_\_\_\_\_ hereby authorize Camp Holiday Trails to obtain information pertaining to any charges or convictions I may have for federal and/or state criminal violations and to complete the required Criminal Background Check. This information will include, but not be limited to, allegations and convictions committed upon minors, and will be gathered from any law enforcement agency of this state or any state or federal government to the extent permitted by state or federal law. Note: Applicable to all staff and volunteers who will interact with Campers.

I hereby authorize all persons, public agencies, courts, schools, employer companies, and corporations to supply CHT verification of the information provided in my application, including without limitations, evaluations from my prior performances, and I release them from all liability from their so doing. CHT will not share this information with any 3<sup>rd</sup> party.

The statements on this application are true and complete to the best of my knowledge.

Upon offer of a paid or volunteer position, I understand that I must supply Holiday Trails, Inc. with an updated medical evaluation to be forwarded by my physician.

Any falsification, misrepresentation, or incompleteness in this disclosure is ground for disqualification or termination. The information that I have provided may be verified, if necessary, by contacting all persons or organizations named in this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Holiday Trails, Inc. is an Equal Opportunity Employer. All applicants are screened without regard to age, gender, race, religion, creed, national origin, ethnic background or disability.

