

# Camp Butterfly



## Counselor Application

**Name:**

**Birth date:**

**Current Address:**

**City:**

**State:**

**Zip:**

**E-mail Address:**

**Home Telephone:**

**Work Telephone:**

**Cellular Phone:**

**Educational Background:** (circle year complete) High school: 1 2 3 4 College: 1 2 3 4 5

*Schools Attended/ Major Honors*

1.

2.

3.

**Experience:** (list most recent job first or you may attach your resume)

*Dates Company/Supervisor Address Phone number*

**Have you ever worked with children as a counselor? Mentor? Instructor? If so, when and where?**

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**Previous mentor/camp experience**

**Name of Organization/agency/camp Attendance dates Role**

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I'm interested in volunteering for:

\_\_\_ Camp Butterfly, The Chrysalis Experience, Michigan (July 26- August 1 camp session)

**Mandatory Training takes place July 23- 24**

## Camp Butterfly 2010

Is your general health good?

Any physical impairments?

Briefly describe any injury or health *condition which may affect your role as a counselor*:

References: List 3 people (all non-relatives) who know of your training, personality, character or general abilities. Please make sure you include EITHER a good address or phone number as we will contact at least one for details. Listing them is permission for further contact.

Name Address Phone E-mail

- 1.
- 2.
- 3.

### ***Personal History and Philosophy***

**What is your motivation for working with Camp Butterfly?**

**What is the strongest characteristic that you have to offer to the butterflies-in-training?**

**What is your perception of a counselor's role at camp?**

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**Briefly describe yourself and commitment to our butterflies-in-training. Please include any interest, goals, and/or gift that you feel the Creator has given you that will assist in the development and growth of our butterflies-in-training.**

**Preferences:** Staff members and counselors will share their gifts with our butterflies-in-training. Staff members and/or counselors may live in a cabin with the girls. Time off schedules, duties, and responsibilities will be arranged so that all will have an opportunity to share their gifts.

**What age butterflies-in-training would you prefer:** \_\_\_\_\_ **8-10 year olds**  
\_\_\_\_\_ **11-14 year olds**      \_\_\_\_\_ **15-17 year olds**

All staff members and/or counselors will be counted upon to teach or engage in camping program and activities. All activities will be broken down into age groups. Please indicate areas of strength for you that you feel you could best contribute. Mark the following activities: 1 – Qualified to teach 2 – Qualifies to assist

**Arts & Crafts   Outdoor Activities   Indoor Activities   Social skills**

\_\_\_ pottery      \_\_\_ volleyball      \_\_\_ African dance      \_\_\_ Body image

\_\_\_ drawing      \_\_\_ basketball      \_\_\_ Drumming      \_\_\_ Leadership

\_\_\_ painting      \_\_\_ nature walks      \_\_\_ movies      \_\_\_ Communication

\_\_\_ writing      \_\_\_ organized games      \_\_\_ group talks      \_\_\_ Goal setting

\_\_\_ Problem solving

**List your preference of activities and give details of any training and/or experience which qualifies you.**

**1st**

**2nd**

**3rd**

**Do you have any special talents in the following areas? (Please circle all that apply)**

Musician, journalism, camp songs, story telling, first aid, scrapbooks, photography, videography, skits/role playing

**Do you have any special talents not mentioned above?**

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**Background:** Do you use tobacco?  
Do you use alcohol?  
Do you use drugs?  
Have you been arrested?  
Have you been accused or convicted of a crime involving children?

**If you answered yes to any of the questions above, please explain on a separate sheet. This will not necessarily disqualify you from working with Camp Butterfly.**

## **WE RESERVE THE RIGHT TO CHECK CRIMINAL RECORDS.**

Volunteering with Camp Butterfly involve commitment, dedication, vision, and long hours of intense interaction with young girls. Camp Butterfly's standards require that all adults working with the butterflies-in-training possess high levels of responsibility, maturity, good judgment, and a sincere concern for and patience with young girls. Most of all, volunteers are expected to work at all times to ensure that each girl's summer is enlightening, safe and transformative.

I certify that to the best of my knowledge these pages of information are true and correct and that I agree with Camp Butterfly's goals and philosophies, I hereby give permission for confidential criminal background and reference checks.

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

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## MEDICAL QUESTIONNAIRE

Name:

Address:

Birthdate:

Age:

Home Phone:

Work Phone:

Emergency Contact:

Emergency/Secondary Phone #'s:

Does your child have any of these specific medical conditions?

HIV/Aids \_\_\_\_\_ Diabetes \_\_\_\_\_ Respiratory \_\_\_\_\_

Cardio/Pulmonary \_\_\_\_\_ Infectious Disease (specify) \_\_\_\_\_

Are you pregnant?     No     Due Date \_\_\_\_\_

Any other medical conditions? (Please specify): None

Do you have any special **dietary or other** requirements/concerns?

If yes, please explain in detail:

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## **COUNSELOR RELEASE AND INDEMNITY AGREEMENT**

I \_\_\_\_\_ request that you accept me to participate as a volunteer for activities associated with Camp Butterfly. In consideration of acceptance, I hereby release Camp Butterfly, all its agents and all persons associated with Camp Butterfly from all claims or causes or action arising from damage or injury to my person or property resulting from participation in camp activities, whether such damage or injury is the result of negligence or some other cause. I hereby agree to indemnity and hold harmless proceedings of every kind and character which may be presented or initiated by any other persons or organizations and which arise directly or indirectly from my participation in Camp Butterfly activities. I give permission of Camp Butterfly to use any films, videos, or photographs of me for publicity, advertising, or other commercial purposes. I have read and understand the Camp Butterfly policy and release agreement. As a volunteer of Camp Butterfly, I understand that I am not an employee and that I will not receive any compensation for the donation of my time and work performed. I hereby acknowledge that my services shall be rendered solely on a volunteer basis. Furthermore, I understand that Camp Butterfly does not cover me by any insurance such as worker's compensation, etc. in the event of illness or injury. I hereby certify that the information contained in this application is true and correct to the best of my knowledge.

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