



Dear Prospective Counselor,

Thank you for your interest in volunteering at The Laurel Foundation's Camp Laurel program. We appreciate the time you are taking out of your busy schedule to learn more about our organization.

The Laurel Foundation is a registered 501(c)(3) non-profit organization with a mission to enrich and empower at-risk children, youth and families through diverse and educational camp experiences. Our population served is HIV/AIDS, transgender and other at-risk youth.

Ensuring the safety of children and youth who attend our program is Camp Laurel's number one priority. Keeping that in mind, we trust you will understand the need for the detailed information we request from each applicant. We understand the application process is lengthy and ask for your patience as you are completing the required paperwork. Again, our goal is to ensure the safety of our campers by selecting the most qualified volunteers for our programs.

Thank you for taking the first step towards becoming a Camp Laurel counselor. We truly appreciate your interest in serving our campers.

Please contact us at (626) 683-0800 or by e-mail at MAnderson@Laurel-Foundation.org should you have any questions regarding the application process. You may also visit www.Laurel-Foundation.org to learn more about our organization.

Please send this application to:

The Laurel Foundation
75 S. Grand Avenue
Pasadena, CA 91105
Fax: (626) 683-0890
Email: MAnderson@Laurel-Foundation.org

Happy Camping!

Margot Anderson
Founder/CEO



Volunteer Counselor Job Description

PLEASE READ CAREFULLY

Minimum Qualifications:

- Desire and ability to work with children in the outdoors (prior experience working with children is beneficial)
- Have no hesitations about working with children or adults with HIV/AIDS
- Ability to relate to one's peer group and work well with people from diverse backgrounds
- The capacity to work hard for sustained periods of time
- Ability to put the needs of others ahead of your own
- Ability to accept supervision, guidance, and constructive feedback
- Ability to assist in teaching an activity
- A positive role model for children and peers (exemplary character, good judgment, approachable, etc.)
- Possess enthusiasm, patience and high degree of self-control
- At least a high school graduate or equivalent and no less than 18 years of age
- Emotional stability to endure stressful situations, think critically and calmly resolve conflict
- Ability to identify one's strengths and limitations and the motivation to seek resources for self-improvement

Essential Functions:

- Ability to work with and communicate with children and adults from diverse backgrounds
- Ability to provide necessary guidance and support to campers and peers
- Ability to observe camper behavior and assess appropriateness, implement suitable behavior management techniques, and enforce safety regulations and emergency procedures
- Ability to be flexible and to respond and adapt to a fast-paced, changing environment
- Visual and auditory ability to identify and immediately respond to environmental and other hazards
- Ability to lift 25 pounds without assistance
- Physical endurance to run ¼ mile
- Possess strength and endurance, physical and mental, to maintain constant supervision of campers for seven days around the clock while at resident camp
- Capacity to deal with highly stressful (physically and emotionally) situations with composure
- Ability to abstain from all phone usage including cell phones and text messaging (except in the event of an emergency) for the duration of camp session

Major Responsibilities:

- Maintain health and safety of all campers
- Work closely with a co-counselor to identify and meet camper needs
- Create group unity and provide opportunities for each camper to experience success
- Help each camper meet the camp goals, including increased self-esteem
- Provide guidance and encouragement for camper participation in activities
- Aid in the supervision of activity areas
- Communicate openly with staff to ensure effective resolution of conflicts
- Participate actively in staff meetings, trainings, and supervisory conferences
- Adhere to all of Camp Laurel's policies and regulations
- Be a positive role model who sets a good example for campers and peers

Benefits:

- Personal growth and satisfaction
- Developing sustained friendships with people from diverse backgrounds who share a common goal of wanting to make a positive impact on the lives of children living with HIV/AIDS
- Receive consistent direction, support, supervision and training from professional staff
- Opportunity to enhance interpersonal communication and leadership skills



2019 Volunteer Counselor Application

Personal Information: *The Laurel Foundation is an Equal Opportunity Organization. Please Print Clearly.*

Name:	Gender Identity: _____
Legal Name (if different from above):	Pronouns: _____

Current Address (Street, City, State, Zip):

Please list addresses for last 5 years (if different from above, attach additional sheet if necessary):

Permanent Address (if different from above):

Email:	How long have you lived at current address?:
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Phone #:	Cell #:
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Driver's License #:	State:	Expiration Date:
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Are you at least 18 years old? Yes _____ No _____ (counselors must be 18 or older)

Are you a US or Canadian citizen, or have you been a lawful legal resident in the US for at least 10 years?
 Yes _____ No _____
In order to volunteer with The Laurel Foundation, you must be a US or Canadian citizen, or a lawful legal resident in the US for at least 10 years. This policy is in place because we are only able to perform background checks on US or Canadian citizens.

If you are accepted as a volunteer counselor, may we release the following to other volunteers and medical staff?
 Email Address: Yes _____ No _____ Telephone #: Yes _____ No _____ Address: Yes _____ No _____

How did you hear about Camp Laurel?

Do you speak any language(s) other than English?

Have you ever worked with individuals with HIV/AIDS? Yes _____ No _____

Do you have any hesitations about working with individuals with HIV/AIDS? Yes _____ No _____

Please indicate you are available to commit to the entire camp session dates below:

K Youth/Families Affected by HIV/AIDS _____	Summer Session 1: June 29-July 6 Youth Affected by HIV/AIDS _____	Summer Session 2: July 7-13 Trans/GNC Youth _____
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Rank your preferences: Please rank your preference for Cabin and Activity Counselor positions. We will do our best to place you in a position of your choice, but cannot guarantee that you will be assigned your preference.

_____ Cabin Counselor Cabin Counselors are responsible for providing guidance and supervision for a specific group of 5-8 campers for the duration of camp.	<i>Rank your Cabin Counselor age group preferences from 1 (more interested) to 3 (less interested).</i> _____ Moms and Tots (3-5y/o) _____ Juniors (6-9 y/o) _____ Intermediates (10-12 y/o) _____ Seniors (13-17 y/o) _____ Parents (Moms and Dads)
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_____ Activity Counselor Activity Counselors are responsible for facilitating and assisting with the various activities scheduled during camp, as well as supporting the cabin counselors throughout the day.	<i>Please rank your areas of interest from 1 (most interested) to 8 (least interested).</i> _____ Arts and Crafts _____ Team Building _____ Sports _____ Outdoor Activities _____ Drama/Theater _____ Music _____ Dance _____ Other: _____
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Experience working with youth: List any past volunteer/professional experience working w/ youth, starting with the most recent.

From-To (date):	Organization:	Supervisor/Title:
Phone:	Position Title & Job Responsibilities:	
May we contact for reference? Y___ N___		
From-To (date):	Organization:	Supervisor/Title:
Phone:	Position Title & Job Responsibilities:	
May we contact for reference? Y___ N___		
From-To (date):	Organization:	Supervisor/Title:
Phone:	Position Title & Job Responsibilities:	
May we contact for reference? Y___ N___		

Employment History: Please provide the following information for your past 3 employers or assignments, starting with most recent.

From-To (date):	Employer Name: Location: Phone:	Supervisor & Title:
Position Title & Job Responsibilities:		May we contact for reference? Y___ N___
		Reason for leaving:
From-To (date):	Employer Name: Location: Phone:	Supervisor & Title:
Position Title & Job Responsibilities:		May we contact for reference? Y___ N___
		Reason for leaving:
From-To (date):	Employer Name: Location: Phone:	Supervisor & Title:
Position Title & Job Responsibilities:		May we contact for reference? Y___ N___
		Reason for leaving:

Educational Background:

Name and Location	# of years completed?	Did you graduate?	Course of Study:
High School:			
College:			
Other:			



Professional References: <u>ONLY</u> list supervisors/managers. Friends, relatives, & co-workers <u>DO NOT</u> count. Must list 3 references.			
1. Name:		Relationship:	
Company Name:		Occupation:	
Phone:	Email Address:		
2. Name:		Relationship:	
Company Name:		Occupation:	
Phone:	Email Address:		
3. Name:		Relationship:	
Company Name:		Occupation:	
Phone:	Email Address:		
Certifications/Skills: All volunteer counselors must be CPR and First Aid certified prior to the start of camp. Online certifications are <u>not</u> accepted.			
Are you currently certified for CPR?: Yes _____ No _____			
Are you currently certified for First Aid?: Yes _____ No _____			
If yes, please photocopy both sides of all of your certifications and attach to this application.			
If no, will you make arrangements to obtain this prior to camp? Yes _____ No _____			
If you hold any of the following certifications, please check and attach a copy of certificate to application (These certifications are not required to volunteer).			
<input type="checkbox"/> Emergency Water Safety <input type="checkbox"/> Water Safety Instructor <input type="checkbox"/> Lifesaving/Lifeguarding <input type="checkbox"/> Archery Instruction <input type="checkbox"/> Other:			
Please list any special skills you possess: (This will assist us when assigning positions.)			
Dietary Needs: Do you have any special dietary needs? This section will pertain to all meals served during camp session.			
None _____	Vegetarian _____	Vegan _____	Other _____
Medical Information:			
All counselors for our HIV sessions, must have a TB test and medical check up within 12 months prior to the camp session. If selected, will you provide The Laurel Foundation with a copy of your TB test and medical check up prior to camp certifying that you will not pose a health risk to campers or other staff (e.g., do not suffer from any contagious diseases)?			
Yes _____ No _____			
Staff Training: All counselors must attend a full two-day training at least once every 12 months.			
I'm available to attend the MANDATORY Staff Training:			
K Jbhvf Camp: >Ubi Urm&6!&7, 2019		Summer Camp Session 1: June 1-2 Yes _____ No _____	
Yes _____ No _____		Summer Camp Session 2: June 22-23 Yes _____ No _____	



Smoking Policy:

The Laurel Foundation strives to hire volunteers who are role models for the children. In keeping with this, smoking will only be allowed in a designated area, upon completion of nightly staff meetings, and only when permitted by the site. We trust you will understand this policy.

Essay Questions:

On a separate sheet of paper, please answer the following questions. **Please type or print legibly and staple responses to this application.**

1. How would you implement behavior management in the camp setting?
2. We all come to Camp with unique identities and backgrounds; what aspects of your own identity will make you a valuable team member at Camp Laurel?
3. Many of the young people coming to Camp Laurel have never been away from home before and/or come from non-affirming home environments. How would you work with a camper who was experiencing anxiety, nervousness or sadness regarding these changes?
4. Describe a difficult situation you have encountered involving a conflict with a peer. How did you resolve the issue and what did you learn from the experience?
5. What training and/ or involvement do you have in leadership, mentoring or participation in the LGBTQIA+ community?

Conditions of Employment:

1. In consideration of the acceptance of my application for participation at the camp session, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in the camp's activities and its not for profit parent company, any and all of their agents, representatives and volunteers and employees. This release is intended to discharge in advance the camp, The Laurel Foundation from any and all liability, claims, costs, expenses and/or damages (collectively referred to as "liability") arising out of or connected in any way with my participation in the activities of The Laurel Foundation, even though that liability may arise of negligence or carelessness on the part of the persons or entities mentioned above. I further understand that serious accidents occasionally occur during camp activities, and that participants in the camp activities occasionally sustain mortal or serious personal injuries and/or property damage as a consequence thereof. Knowing the risks of camp, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or to my heirs or assigns) for damages.
2. I understand that during any camping experience involving community and/or environmental living there are inherent health risks, including but not limited to exposure to illnesses, childhood or otherwise, to which I may not have been previously immunized against. Further, I understand that The Laurel Foundation has made every reasonable attempt to minimize these health risks; however, should I experience any illness following any Laurel Foundation program, I should contact my physician or call The Laurel Foundation office (626) 683-0800 to consult with the medical staff.
3. The Laurel Foundation accepts no responsibility for the loss, damage, or theft or volunteers' property.
4. Volunteer must complete this form to attend camp.

Signature:

Date:

Print name:



<p>Statement by Volunteer Applicant: The Laurel Foundation's priority is to ensure the safety and well being of our campers at all times during camp sessions and camp-related activities. We trust you will appreciate the need for us to thoroughly review each applicant's background and qualifications.</p>	
<p>Have you ever been convicted of a crime (excluding all convictions that have been judicially ordered sealed, expunged, impounded, or statutorily eradicated, misdemeanor convictions for which probation has been completed successfully or otherwise discharged and the case has been judicially dismissed)? If yes, please provide date(s) and details on a separate sheet of paper.</p> <p>ANSWERING, "YES" TO THIS QUESTION DOES NOT CONSTITUTE AN AUTOMATIC BAR TO VOLUNTEER SELECTION. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.</p>	<p>YES ___</p> <p>NO ___</p>
<p>I certify that all information I have provided in order to apply for a volunteer position with The Laurel Foundation and its not-for-profit parent company is true (herein after referred to as the Laurel Foundation), complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will allow The Laurel Foundation to (i) cancel further consideration of this application or (ii) immediately relieve me from my volunteer duties, whenever it is discovered.</p>	<p>INITIAL</p> <p>_____</p>
<p>I expressly authorize, without reservation, The Laurel Foundation, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions, and to otherwise verify the accuracy of all information provided by me in this volunteer application, résumé or interview. I hereby waive any and all rights and claims I may have regarding The Laurel Foundation, its agents, employees or representatives for seeking, gathering and using such information in the application process and all other persons, corporations or organizations for furnishing such information about me.</p>	<p>INITIAL</p> <p>_____</p>
<p>I am advised that the volunteer position that I am applying for involves supervisory or disciplinary power over minors and individuals with disabilities. The Laurel Foundation is authorized under Penal Code section 11105.3 to have access to records of all convictions involving any sex crimes, drug crimes, or crimes of violence of a person who volunteers for a position in which he or she would have supervisory power over a minor. The Laurel Foundation will not select any applicant for a volunteer position involving supervisory or disciplinary power over minors who have been convicted of a crime listed in Penal Code section 11105.3.</p>	<p>INITIAL</p> <p>_____</p>
<p>Accordingly, if The Laurel Foundation makes me a tentative offer of a volunteer position, that offer shall be conditioned upon my voluntary submission to fingerprinting and a background criminal conviction records check for other convictions listed above. I have the right to refuse. However, no applicant for positions involving supervisory or disciplinary power over minors shall be accepted for a volunteer position with The Laurel Foundation until the applicant has completed a background criminal records check.</p>	<p>INITIAL</p> <p>_____</p>
<p>If I obtain a volunteer position, I understand that I may back out of my volunteer counselor responsibilities up until training. Post training, I may only drop out due to extenuating circumstances. Extenuating circumstances can be defined as, a death in the family, health is-sues, or unforeseen emergencies to be evaluated on a case by case basis. Dropping out of camp, post training, without a sufficient reason will result in a write up, as well as suspension from the next camp.</p>	<p>INITIAL</p> <p>_____</p>
<p>Do you currently have any physical or mental conditions, or, are you taking any medication, that would make you unable to perform the duties of the Volunteer Counselor, set forth in the Volunteer Counselor Job Description? If yes, please provide details on a separate sheet of paper.</p>	<p>YES ___</p> <p>NO ___</p>
<p>If I obtain a volunteer position, I understand that I am free to leave at any time, with or without cause and without prior notice, and The Laurel Foundation reserves the same right to relieve me of my volunteer duties at any time, with or without cause and without prior notice. This application does not constitute an agreement for any specified period or definite duration. I understand that no supervisor or representative of The Laurel Foundation is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by The Laurel Foundation's CEO.</p> <p>I am volunteering my time to The Laurel Foundation to contribute to the community. I have no expectation of compensation or remuneration in any form whatsoever in exchange for my volunteered time. Additionally, The Laurel Foundation has not made any promise of any compensation or remuneration to me for my volunteered time. I am not dependent on The Laurel Foundation economically or otherwise.</p> <p>I have read and fully understand the volunteer counselor or volunteer medical staff job description (whichever applies). I meet all of the minimum qualifications and am able to carry out all of the essential functions detailed therein. I understand that all counselors must be available for two days of training in the city prior to camp to be eligible for any session.</p>	<p>INITIAL</p> <p>_____</p>
<p>I understand that no question on this application is used for the purpose of limiting or excusing any applicant from consideration for a volunteer position on a basis prohibited by applicable local, state or federal law.</p> <p>DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.</p> <p>I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.</p>	
<p>Signature:</p>	<p>Date:</p>
<p>Print name:</p>	