



Leadership Camp Application 2017

Program Volunteer

(new title for past Assistant Director)

APPLICATION DEADLINE: FEBRUARY 6, 2017

SELECT YOUR SESSION PREFERENCE

- 2017 SESSION 1.....Saturday JULY 8 – Saturday JULY 15
- 2017 SESSION 2.....Saturday JULY 15 – Saturday JULY 22

MANDATORY TRAINING SESSIONS

You will be required to attend the mandatory training session.

Mandatory Training Session: SATURDAY JULY 8TH

Time: 9 AM – 4 PM

**Location: Camp Kateri Tekakwitha
1305 Country Road #3
McCool Junction, NE 68401**

Position Applying For

- PROGRAM VOLUNTEER (new title for past Assistant Director)**
(Must be a High School Graduate at the time of camp)

Personal Information

Please PRINT LEGIBLY

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ APPLICANT'S CELL PHONE _____

APPLICANT'S E-MAIL _____

SCHOOL CURRENTLY ATTENDING _____

CURRENT GRADE _____ DATE OF BIRTH _____

PARISH _____

Parent's Information

Please PRINT LEGIBLY

PARENT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENT'S E-MAIL _____

PARENT'S CELL PHONE _____

T-Shirt Size

Small

Medium

Large

X-Large

2 X-Large

Current Certifications

CPR, Cardio Pulmonary Resuscitation expiration date _____

First Aid expiration date _____

Lifeguard Training expiration date _____

Other: (please specify) _____

Other

HAVE YOU EVER ATTENDED OUR LEADERSHIP CAMP? YES NO

IF YES, WHEN. _____

ARE YOU CAPABLE OF HIKING UP TO 4 MILES? YES NO

ARE YOU CAPABLE OF BEING IN CLOSE CONTACT WITH TREES, WEEDS, POLLEN AND DUST?

YES NO

ARE YOU CAPABLE OF LIVING IN A CABIN WITH BUNK BEDS? YES NO

ARE YOU CAPABLE OF FUNCTIONING WITHOUT YOUR CELL PHONE FOR ONE WEEK?

YES NO

DO YOU HAVE ANY PHYSICAL RESTRICTIONS? YES NO

IF YES, DESCRIBE. _____

ARE YOU COMPETENT IN EXHIBITING PERSONAL HABITS, HEALTH, DRESS, SPEECH, TABLE EDIQUETTE AND RELATIONSHIPS WITH OTHER VOLUNTEERS THAT SERVE AS A BENEFICIAL MODEL TO CAMPERS?

YES NO

I give my permission for photographs or video footage of my son to be used by the camp for promotional purposes. YES NO

X

Parent's Signature

Date

**Parent signature required for applicants
18 years old or younger**

I recognize that Leadership Camp is relying on the accuracy of the information that I have provided. I attest and affirm that all of the information that I have provided is absolutely true and correct.

I agree to abide by all the policies and procedures of Leadership Camp, and to protect the health and safety of the youth at all times.

X

Applicant's Signature

Date

X

Parent's Signature

Date

**Parent signature required for applicants
18 years old or younger**

Return the following:

Completed Application

Parent Consent Form & Liability Waiver for applicants 18 years old or younger

Mail To:

Camp Kateri Tekakwitha

1305 County Road 3

PO Box 127

McCool Junction, NE 68401

Questions

Email: **CampKateriT@gmail.com**