

CAMP WAPIYAPI
June 5 - 11 & June 12 - 18, 2010

NEW STAFF APPLICATION

APPLICATION INSTRUCTIONS

Thank you for your interest in applying to volunteer with Camp Wapiyapi!

Please fill out your application in pen and mail it to:

Wapiyapi
910 16th Street, Suite 226
Denver, CO 80202

All volunteer applications are by March 1, 2010. All applicants must attend a mandatory orientation on Saturday, March 27th at the University of Colorado Health Sciences Center in Aurora. The exact orientation time and location will be announced in January. Thank you so much for your interest!

Be sure that you include the following material in your application packet:

- ❑ A completed application
- ❑ Three letters of recommendation (*letters can be sent in as you receive them*)
- ❑ Essay about why you want to participate
- ❑ Photocopies of all listed certifications (*if applicable*)

Any Questions?

Please call or email Aaron Smith at (303) 534-0883 or aaron@wapiyapi.org

New Staff Application Form

Name _____ SSN _____ - _____ - _____
Age _____ Birth Date _____ Sex _____ Marital Status _____
Current Address _____

Permanent Address _____

Cell Phone () _____

Home Phone () _____

Work Phone () _____

Email Address _____

Employer _____ Occupation _____

Drivers License Number _____

T-shirt size: S M L XL XXL

Which Camp Wapiyapi session are you applying for?

_____ June 5th – June 11th

_____ June 12th – June 18th

How did you hear about Camp Wapiyapi? _____

If you were referred by another Camp Wapiyapi volunteer, please list their:

Name _____ Email _____

Have you previously been involved with summer camps? Yes No

List dates, locations, organizations, and contributions _____

Please list any degrees you have attained or are pursuing _____

Which position(s) are you applying for? Please Circle

Companion Art Program Lifeguard Other _____

Do you speak a second language? Yes No Which? _____

Would you be interested in other Wapiyapi volunteer opportunities? Yes No

Please list any certifications/training *(If certified, please provide expiration dates and copies of certificates)*

CPR _____

Advanced Lifesaving _____

Water Safety _____

EMT _____

First Aid _____

Other (please specify) _____

Essay

Please provide us with a **short essay** describing why you would like to participate in Camp Wapiyapi and how you can impact or contribute to this year’s camp. Please describe previous experiences working with children and any talents, hobbies, or interests that you could bring to camp (2-3 paragraphs).

Letters of Recommendation

Please submit **three** letters of recommendation with your completed application. Please make sure that the people writing your letters include their names, addresses, and phone numbers. Letters of recommendation should be from people who know you well (not family) and can comment on your leadership and ability to work with children.

Emergency Contact Information

Name _____
Address _____

Phone number _____
Cell phone number _____
Relationship to applicant _____

Background Checks

Camp Wapiyapi runs background checks on all applicants.

Do you give permission for such a check? Yes No

Applicant’s signature _____ Date _____

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, provide the date, location, and nature of the offense. _____

By signing this statement, I certify that I have never been charged with or convicted of a felony, child abuse, child neglect, or sexual offense.

Applicant’s signature _____ Date _____

Please Print Name _____

In accordance with Colorado state law, “Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly.”

I certify that all of the above information is correct and accurate to the best of my knowledge.

Applicant’s signature _____ Date _____