



3249 Midstate Road
Felton, DE 19943
P: 302-335-5626
F: 302-335-5716

Dear Applicant,

Thank you for your interest in United Cerebral Palsy of Delaware's, Camp Lenape!

Camp Lenape is a summer day camp serving children with Cerebral Palsy, Spina Bifida, Muscular Dystrophy, and a spectrum of other disabilities. The camp is also open to children without disabilities, so that all campers interact with their peers in a setting that is inclusive, safe, stimulating, and recreational.

Staff and volunteers are responsible for supervising and facilitating campers' participation in camp activities, assisting with activities, and maintaining a positive and energetic attitude throughout the summer. The days are long, the work is demanding but the satisfaction you will feel from helping to make a positive difference in the life of a camper is amazing.

Do you have the desire to make a positive difference in the lives of others? Do you have compassion and patience? Are you ready to apply to be a volunteer or staff member?

Attached you will find our application. Once completed, please return to my attention via fax, e-mail, or mail. We will contact you to set up an interview.

I look forward to hearing from you.

Carma L. Carpenter
UCP Director/Social Worker
ccarpenter@ucpde.org

Revised 12/2016

UNITED CEREBRAL PALSY OF DELAWARE, INC.
 3249 MIDSTATE ROAD FELTON, DE 19943
 P: 302-335-5626 F: 302-335-5716



**CAMP LENAPE
 STAFF/VOLUNTEER APPLICATION**

APPLICANT INFORMATION

TODAY'S DATE _____

Last Name _____ First _____ M.I. _____ DOB _____
 Street Address _____ Apartment/Unit # _____
 City _____ State _____ ZIP _____
 Phone _____ E-mail Address _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this agency? YES NO If so, when? _____

EDUCATION

High School _____ Address _____
 From _____ To _____ Did you graduate? YES NO Degree _____

College _____ Address _____
 From _____ To _____ Did you graduate? YES NO Degree _____

Other _____ Address _____
 From _____ To _____ Did you graduate? YES NO Degree _____

REFERENCES

Please list three references (not relatives) having knowledge of your character, experience, work habits, and ability

Full Name _____ Relationship _____
 Company _____ Phone _____
 Address _____

Full Name _____ Relationship _____
 Company _____ Phone _____
 Address _____

Full Name _____ Relationship _____
 Company _____ Phone _____
 Address _____

PREVIOUS EMPLOYMENT: (BE SURE TO INCLUDE PREVIOUS CAMP (EXPERIENCE))

Company _____ Phone _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities

From _____ To _____ Reason for Leaving _____
May we contact your previous supervisor for a reference? YES NO

Company _____ Phone _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities

From _____ To _____ Reason for Leaving _____
May we contact your previous supervisor for a reference? YES NO

Company _____ Phone _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities

From _____ To _____ Reason for Leaving _____
May we contact your previous supervisor for a reference? YES NO

Dates Available From _____ To _____

Check which position you are applying for: (1st, 2nd, 3rd choice)

Volunteer (14 and older) _____ Junior Counselor (16 and older) _____ Senior Counselor (17 and older) _____

Art Director _____ Sports Director _____ Camp Director _____ Assistant Camp Director _____

Do you meet or exceed the minimum age requirements for that position? Yes _____ No _____

Can you perform the essential functions of the job for which you have applied? (please see attached job description) Yes _____ No _____

CERTIFICATIONS: (please supply copy of certification)

First Aid: _____ Expiration Date: _____

CPR: _____ Expiration Date: _____

Lifeguard: _____ Expiration Dated: _____

Other certifications: _____

Please list any talents or interests you are willing to share with the campers:

***** Delaware law states that all staff and volunteers over the age of 18, who work with children are required to be fingerprinted. Staff and volunteers ages 16-18 must fill out a Summer Camp Conviction History Record & Child Protection Form from The Department of Services for Children, Youth, and Their Families*******

Criminal Record: Have you ever been convicted of a crime, other than a minor traffic offense? If yes, please describe. (Note: a prior conviction is not an automatic bar to employment. The type of conviction and when it occurred will be evaluated by the camp and the State of Delaware Purchase of Care before any decision is made.) Yes _____ No _____

Explain:

DISCLAIMER AND SIGNATURE

I authorize investigation of all statements herein, including any checks of criminal records, national sex offender website and release the camp and all others from liability in connection with same. I give permission to contact all references. I also understand that misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in dismissal, regardless of the date of discovery by the camp. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status.

Signature

Date

IF UNDER 18, HAVE PARENT FILL IN BELOW

I give permission for my son/daughter _____, to do volunteer work with children at Camp Lenape. I understand that the position of a volunteer is provisional and not guaranteed for the duration. I understand that my child's work performance will be evaluated by the Director, and their status as a volunteer will be discussed at that time.

Signature

Date