

Delaware Burn Camp Volunteer Application

Complete and mail to Delaware Burn Camp
P.O. Box 682
Dover DE 19903



Smiles to Last a Lifetime

(Please Print)

must be 18 years old or over

LAST NAME FIRST NAME NICKNAME DOB

ADDRESS CITY STATE ZIP CODE

HOME PHONE CELL PHONE OTHER PHONE

EMERGENCY CONTACT RELATION

HOME PHONE CELL PHONE OTHER PHONE

T-SHIRT SIZE

PLEASE TELL US WHAT YOU ARE APPLYING FOR:

- | | | |
|--|--|--|
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Meal Set Up/Server/Clean Up | <input type="checkbox"/> Meal Server |
| <input type="checkbox"/> Activities Assistant | <input type="checkbox"/> Health Care Needs | |
| <input type="checkbox"/> Life Guard (Certification)* | <input type="checkbox"/> Health Care Needs Assistant | <input type="checkbox"/> Special Needs Assistant |

EDUCATIONAL HISTORY/GOALS:

Are you a student? If yes, what school are you attending?

Highest Level of Education Completed: High School AA/AS Degree Other: _____

PERSONAL EXPECTATIONS:

How do you feel your participation will benefit the camp program?

What do you personally hope to gain from participating in the camp program?

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PREVIOUS CAMP EXPERIENCE:

CAMP/ORGANIZATION	POSITION	DATE (TO / FROM)
ADDRESS	CITY	STATE ZIP CODE
SUPERVISOR'S NAME	PHONE	
BRIEF DESCRIPTION OF DUTIES		

CERTIFICATES / LICENSES:

- CPR Life Guard Certification First Aid Training Medical Psychology
 Physical Therapy Social Work Other _____

PLEASE ATTACH COPY OF CURRENT CERTIFICATE / LICENSE.

KNOWLEDGE, SKILLS & ABILITIES:

- Swimming Hiking Indoor/Outdoor Games Story Telling Horseback Riding
 Drama Zoology Botany Cooking Singing Biking Dancing
 Woodwork Astronomy Boating/Canoeing Tie Dying Arts / Crafts
 Food Preparation Health Care Occupational Health Other: _____

PERSONAL REFERENCES:

Please provide the name, address and phone number of two persons (Not Related) who have knowledge of you character, experience and ability.

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

PERSONAL BACKGROUND HISTORY (USE SEPARATE SHEET IF NECESSARY):

List any previous residence(s) for the last 5 years:

CITY	STATE	YEARS
CITY	STATE	YEARS

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Have there been any significant events in your personal or professional life that would affect your participation in our camp program? Yes No

If yes, please explain (use separate sheet if necessary):

Have you ever been convicted, fined, placed on probation or imprisoned? Yes No

If yes, please explain (use separate sheet if necessary):

Have you ever been accused of, arrested for, convicted of or in any other way been involved in an allegation of a crime involving a child? Yes No

If yes, please explain (use separate sheet if necessary):

Have you ever been found liable for civil penalties or damages involving sexual or physical abuse of a child or children? Yes No

If yes, please explain (use separate sheet if necessary):

Are you now or have you ever been subject to any court order involving the sexual or physical abuse of a minor, including, but not limited to, a domestic protection order or the termination of parent(s) guardian(s) all rights? Yes No

If yes, please explain (use separate sheet if necessary):

I UNDERSTAND THAT:

- 1. If selected, circumstances are discovered that would indicate a “yes” answer to any of the above questions, volunteer services may be terminated immediately.**
- 2. The information provided on this form is subject to verification, which will include criminal history check and a request of information from any central registry of child abusers.**
- 3. The camp may terminate volunteer services of any person that is found regardless of when discovered, to have:**
 - a. A history of complaints of abuse or neglect towards a minor;**
 - b. Resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or**
 - c. Falsified or omitted information in this disclosure statement.**

PLEASE INITIAL: _____

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I agree to have a criminal background check completed at my own expense, authorize investigation of all statements herein, and release the camp and all others from liability in connection with the same. See below for a list of locations and times for fingerprinting. This process requires 2-4 weeks for completion. Please complete as soon as possible to prevent delays.

Results of fingerprinting are to be submitted directly to:
Delaware Burn Camp
PO Box 682
Dover DE 19903

I understand that any agreement must be in writing and signed by the designated camp official. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by the camp. Once the background check is completed and reviewed by Burn Camp officers, you will be notified of volunteer status and scheduled accordingly. We thank you for your interest in The Delaware Burn Camp.

Signature of Volunteer Applicant

Date

Signature of Burn Camp Official

Date

NEW CASTLE COUNTY (By appointment only)

DELAWARE STATE POLICE- STATE BUREAU OF IDENTIFICATION NORTH
TROOP # 2
100 LAGRANGE AVE
NEWARK, DELAWARE 19804

MONDAY
TUESDAY
THURSDAY
(Excluding Holidays)

8:30AM – 3:30PM
11:30PM – 6:30PM
8:30AM – 3:30PM

KENT COUNTY (No appointment necessary)

Blue Hen Corporate Center -655 Bay Road- Suite 1B
Dover, DE
We are in the back of the complex behind Aetna, right across the street from DMV

MONDAY
TUESDAY - FRIDAY
(Excluding Holidays)

9:00AM - 7:00PM
9:00AM - 3:00PM

SUSSEX COUNTY (By appointment only)

DELAWARE STATE POLICE
TROOP #4
U.S. ROUTE 113 (SOUTH)
GEORGETOWN, DELAWARE 19947

WEDNESDAY

12:00PM - 6:30PM

PLEASE CALL 1-800-464-4357 TO SCHEDULE AN APPOINTMENT (if necessary)