



2017 Leaders in Training (LIT) Volunteer Application

Camp Ukandu has a Leadership in Training program offered to past campers and cancer survivors in an effort to identify leadership traits, to develop leadership skills, to enhance self-confidence and self-esteem and to provide an opportunity to know the value of being part of a team.

We feel that it is important for Camp Ukandu to tap into the unique perspective held by these individuals as early as possible. We would like to invite you to apply to the program! If you meet the criteria listed below, and are interested in volunteering at camp in the LIT program, please fill out the enclosed application and return it to the Camp Ukandu office no later than **January 23rd, 2017**

Applications will be reviewed and chosen applicants will be asked to attend an interview. Successful applicants must meet the following criteria:

1. Previous camp experience or a cancer survivor
2. 19 years old by June 15th, 2017
3. Have at least one summer between last year as a camper and a year as LIT
4. High school graduate or equivalent
5. Ability to set a positive example to campers
6. Sincere interest and concern for the Camp Ukandu program
7. Ability to organize activities or projects
8. Ability to sense and assume responsibility
9. Emotional maturity and stability; energy to participate
10. Ability to follow rules and understand and support camp policies

IMPORTANT DATES & CONTACT INFORMATION:

Volunteer Staff Training – MANDATORY FOR ALL VOLUNTEER STAFF

- Saturday, June 17th, 2017 – Arrival time: 9AM, details to follow upon acceptance.
- Sunday, June 18th, 2017 – Training/setup will continue in the morning, and campers will arrive, immediately following lunch!

Camp Dates:

- Sunday, June 18th, 2017 – Saturday, June 24th, 2017 (campers begin staggered departure at 10:30 am, we plan to depart by 1:00pm)

Please return application by January 23rd, 2017 to:

Jason Hickox - Executive Director
Camp Ukandu
601 SW 2nd, Suite 2300 Portland, Oregon 97204
Phone: 503.276.2178
jhickox@campukandu.org



Camp Ukandu 2017

LIT Volunteer Staff Application

Application Deadline: Monday, January 23rd, 2017

Please PRINT clearly!

Name: _____

Street Address: _____ State _____ Zip Code _____

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

Social Network accounts: _____
(Facebook, Twitter, etc) We may do random checks as part of the qualifying process.

Date of Birth: ___/___/___ Gender: Male Female

If past camper, number of years you were at Camp Ukandu: _____

If you have had other camp experience, please list which camp(s):

Unisex Shirt Size: S M L XL XXL XXXL

Are you a cancer survivor (optional)? Yes No If yes, date of diagnosis _____

Ethnicity (optional) Caucasian Hispanic African American Native American
 Asian Other _____

QUESTIONNAIRE:

1.) If you attended Camp Ukandu as a camper, when did you attend?

2.) What experience, if any, do you have working with children?

3.) Describe your experiences with being a staff member at a summer camp, if applicable.

4.) Describe any experience you have had working with people who are physically or emotionally disabled.

5.) Describe any skills/talents you have that would you would be interested in sharing with campers.

Essay Questions:

The following questions are to be answered in essay form. Please limit your answers to two pages or less, double-spaced.

1. Why do you feel that you are qualified for the LIT program?
2. What interests you about the LIT program and what do you expect to gain from the experience?

VOLUNTEER HEALTH INFORMATION

Applicant Name: _____

Local Emergency Contact: _____

Address: _____

Relationship: _____

Home Phone: _____ Work Phone: _____

Health care provider name and contact number: _____

Health History:

Have you had -

Mumps?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Diabetes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Measles?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Heart Problems?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Asthma?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Seizures?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Immunizations History:

Verify the following immunizations are up to date by CIRCLING:

DPT Series

Polio Booster

MMR (Measles, Mumps, Rubella)

Last Tetanus Booster (*DATE REQUIRED*) _____

(It is strongly suggested that if it has been over 10 years since your last tetanus booster, that you have one before coming to camp this summer.)

Allergies:

Do you have allergies to:

Hay Fever? YES NO
Insect Stings? YES NO
Medications? YES NO (Please specify & list symptoms): _____

List any other allergies you have than have not been mentioned: _____

Medications: Please bring all medications in *original* containers. You will turn in your medication and schedule to the nursing staff during training at Camp Collins.

Restrictions:

Do you have any restrictions relating to:

Diet, including food allergies? _____

Swimming? Activity level? _____

Please describe any current physical, mental or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp. _____

EMPLOYMENT INFORMATION

Current Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Position/Title: _____

Supervisor's Name: _____ Phone: _____

Previous Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Position/Title: _____

Supervisor's Name: _____ Phone: _____

EDUCATION:

Current highest level of education attained: (circle)

High school: 9 10 11 12

Name of School: _____

College: 1 2 3 4

Name of School: _____

Please list volunteer experience:

Agency

Position

Supervisor

Phone

REFERENCES

List three references (not relatives, significant others, other Camp Ukandu volunteers, or room/house mates) who can be contacted to answer specific questions regarding your character, experience and ability.

Name: _____ Phone/Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Contacted by:

Date Contacted:

Name: _____ Phone/Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Contacted by:

Date Contacted:

Name: _____ Phone/Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Contacted by:

Date Contacted:

Multiple Choice Question:

There is no "right" or "wrong" answer to this question. We simply would like to know your quick, gut-instinct response to how you would complete this sentence, given the following choices:

(Please choose only one)

You can do...

- A. A world of good with a smile.
- B. Whatever you set your mind to.
- C. Less whining when you know you're loved.
- D. More together than apart.
- E. Any dance move, on any floor, at any time.