

EC Week Volunteer Application

RETURN THIS FORM TO: E.C. WEEK STAFF APPLICATION
P.O. BOX 206
GILMANTON I.W., NH 03837

(PLEASE PRINT CLEARLY)

NAME YOU WANT ON YOUR BUTTON FOR THE WEEK:

(FIRST) _____ (LAST) _____
(USE YOUR NICKNAME IF THAT IS WHAT YOU WANT PEOPLE TO CALL YOU.)

FULL NAME:

FIRST _____ LAST _____ MIDDLE _____

STREET _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ EMAIL _____

OCCUPATION _____

NAME OF EMPLOYER _____

SUPERVISOR _____

EMPLOYER ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMPLOYER PHONE () _____

LAST YEAR YOU ATTENDED E.C. WEEK _____ POSITION _____

TOTAL NUMBER OF YEARS YOU HAVE ATTENDED _____

AGE HEIGHT WEIGHT LBS (SORRY) DATE OF BIRTH

E.C. WEEK POSITIONS:

PLEASE KEEP IN MIND: COUNSELORS ARE OUR PRIMARY NEED

COUNSELOR	BOATING	OFFICE	RIFLERY	WILDERNESS
RELIEF COUNSELOR	INFIRMARY	REC HALL	SPECIAL PROGRAM	WOODCRAFT
ARTS AND CRAFTS	KITCHEN	RIDING	SWIMMING	LAUNDRY/GEN. SER.

1ST CHOICE _____ (WE RESERVE THE RIGHT PLACE TO WHERE YOU CAN BE OF MOST

2ND CHOICE _____ SERVICE TO E.C. WEEK.)

3RD CHOICE _____

WHEREVER NEEDED _____

PLEASE ANSWER YES OR NO:

1. AS A COUNSELOR, WOULD YOU BE WILLING TO HAVE A CAMPER WHO IS: OLDER? _____
PHYSICALLY DISABLED? _____ IN A WHEELCHAIR? _____ BIGGER/HEAVIER THEN
YOU _____
2. ARE YOU WILLING TO SERVE AS A CABIN REPRESENTATIVE? _____
3. CAN YOU USE AND UNDERSTAND SIGN LANGUAGE? _____
4. ARE YOU PROFICIENT IN ANY FOREIGN LANGUAGE? _____ SPECIFY _____
5. WATERFRONT: CHECK CERTIFICATES, INDICATING CURRENT [C] OR EXPIRED [E]:
EMERGENCY WATER SAFETY _____ [C] [E], NEW LIFEGUARD TRAINING _____ [C] [E], WSL _____ [C] [E]
STANDARD FIRST AID _____ [C] [E], CPR _____ [C] [E]
6. DO YOU HAVE ANY BOATING EXPERIENCE _____ OR LICENSES? _____
NEW HAMPSHIRE COMMERCIAL BOATING LICENSES (REQUIRED TO DRIVE BOATS AT CAMP.)
7. DO YOU PLAY A MUSICAL INSTRUMENT? _____ SPECIFY _____

I HAVE READ, AND FULLY UNDERSTAND, THE ATTACHED POLICY STATEMENT FOR CAMP FATIMA E.C. WEEK, AND I AGREE TO ABIDE BY THESE GUIDELINES AS SET FORTH. I UNDERSTAND THAT IF I CANNOT AND DO NOT ABIDE BY THE CAMP POLICIES, I WILL BE ASKED TO LEAVE THE PROGRAM, AND/OR NOT ALLOWED TO RETURN TO E.C. WEEK FOR ONE YEAR.

DATE

SIGNATURE _____

REMINDER: PLEASE SUBMIT YOUR HEALTH FORM WITH THIS APPLICATION.

NEW APPLICANTS ONLY: SUBMIT TWO LETTER OF REFERENCE (PREFERABLY FROM EC WEEK VOLUNTEERS), AND LIST ANY EXPERIENCE YOU HAVE HAD WITH EXCEPTIONAL CITIZENS.