



January 2008

To: Potential NEW Volunteers  
From: Renée "Baker" Croteau  
Re: Champ Camp 2008

The Alisa Ann Ruch Burn Foundation would like to thank you for your interest in volunteering at "Champ Camp", a summer camp experience for burn-injured children. Last year, 145 burn injured children ages 5 to 20 years old had the opportunity to attend camp thanks to the help of 75 caring volunteers. The dates for this year's week of magic are:

**Training:** June 12-14 (Starts at 7 pm on the 12<sup>th</sup>) & **Camp:** June 14-21 (Ends 10 am on the 16<sup>th</sup>)

Volunteers fill the role of counselor by basically being a buddy, friend, a big brother or big sister, someone who doesn't stare or judge by appearance. It takes a special kind of person to get involved in such an endeavor, and also someone who has the ability to give themselves for 10 days. This experience promises to be a very gratifying, and for most, continues to be year after year. Also, it may help to know that you are not required to have had prior experience working specifically with burn-injured children. We help you with that!

**Now . . . for the dates and details you need to know!**

- ◆ **Application Deadline:** March 31<sup>st</sup>
- ◆ The number of new counselors selected is based on the number of returning counselors from past "Champ Camps" and the anticipated number of campers attending this year.
- ◆ You are **REQUIRED TO ATTEND** the entire time (see training and camp dates above). No exceptions. This is important because of the impact on the child and overall camp program. Consistency is priceless, as well as building a solid bond with the kids and fellow counselors.
- ◆ All new applicants are **REQUIRED TO ATTEND ONE** "Informational/Interview Session". This session will allow us to provide you with additional information regarding the camp experience, answer any questions you may have, as well as you get to know us better. When you receive your application we will contact you to confirm which date/location you will be attending. Los Angeles/April 5 San Francisco/April 6 *(Based on applications, a Fresno session may be arranged so please note if you are interested in a Fresno session)*
- ◆ If selected to be a counselor, you are **REQUIRED TO ATTEND** the "Training Workshop Weekend" at the location of Champ Camp, May 10 and 11th (Sat. 1 pm till Sun. 11 am).
- ◆ Once you are accepted as a counselor, we are requiring background information through Live Scans. We'll get you more details when the time comes, but we wanted to give you the heads up!

**STILL INTERESTED IN VOLUNTEERING? ... If so, PLEASE DO THE FOLLOWING:**

1. Mail the Application and 2 letters of reference to: AARBF • Attn: Renee • 665 Third Street. Ste. 345 • San Francisco • CA • 94107. Reference letters can be written by whomever you choose, however, we want to hear from someone other than your immediate family!
2. Make the necessary arrangements to have all the dates listed above pertinent to you and free from any other obligations such as work, school, weddings, fire academy tests, etc.
3. If you have any questions don't hesitate to call Renee Croteau at (415) 495-7223 or e-mail at camp@aarbf.org.

Mail to: Alisa Ann Ruch Burn Foundation/ 665 Third St., Ste 345 • San Francisco • CA • 94107  
1(800) 755- BURN • Fax (415) 495-7224 • camp@aarbf.org

# CHAMP CAMP VOLUNTEER APPLICATION

Check here if you DO NOT want your address/phone information distributed to other camp volunteers (rosters, e-mail chain)

Name: \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Personal E-mail: \_\_\_\_\_ Champ Camp Nickname (if you have one): \_\_\_\_\_

- I have participated in past AARBF events and have completed a Live Scan Background check for AARBF
- I am a new volunteer and will be getting a Live Scan Background check. Please send me information.
- I am a government employee and will be providing an Annual Letter stating that I am in good standing from my Fire Chief or equivalent.

## SECTION A - **To be filled out by ALL Applicants**

Have you ever had a warrant for your arrest? \_\_\_\_\_ Been accused or convicted of a felony or misdemeanor? \_\_\_\_\_

Are you on probation? \_\_\_\_\_ Parole? \_\_\_\_\_ Out on bail? \_\_\_\_\_ Explain if you answered yes to any of the questions:

\_\_\_\_\_

Are you fluent in any other language besides English? \_\_\_\_\_ If yes, please indicate: \_\_\_\_\_

Are you currently certified in: First Aid? \_\_\_\_\_ CPR? \_\_\_\_\_ Lifeguard? \_\_\_\_\_ WSI Instructor? \_\_\_\_\_

Class B Drivers License with passenger endorsement? \_\_\_\_\_ Other? \_\_\_\_\_

What age group would you prefer working with? Please indicate by placing numbers 1,2,3,4,5 in order of importance:

Ages 5-7/Buckaroos \_\_\_\_\_ Ages 8-10/Rancheros \_\_\_\_\_ Ages 11-13/Wranglers \_\_\_\_\_ Ages 14-16/Seniors \_\_\_\_\_ Special Needs Cabin \_\_\_\_\_

Your T-Shirt Size (circle one): M L XL XXL XXXL IF there is a choice , would you prefer a T-Shirt or Tank Top? \_\_\_\_\_

Please order me head apparel with my camp name embroidered on it. I realize the cost is \$18 per item.

Please order me (circle one) Visor Baseball Cap No thank you

### IN CASE OF AN EMERGENCY

Whom should we notify?	NAME	PHONE NUMBER	RELATION
		( )	
		( )	

Name of Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Will you be taking any medications at the time of camp? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Do you have any health concerns that we should know about while you are at camp? (Asthma, allergies, etc.): \_\_\_\_\_

**S E C T I O N B - To be filled out by NEW Applicants**

Describe your experience working with children. \_\_\_\_\_

Can you play a musical instrument, such as a guitar, or do you have a talent for singing, dancing, magic or any other type of entertainment children would enjoy? \_\_\_\_ If so, explain: \_\_\_\_\_

Have you ever worked with the burn-injured population? \_\_\_\_ Are you a burn survivor? \_\_\_\_

Please share your experience: \_\_\_\_\_

How did you become interested in Champ Camp?: \_\_\_\_\_

What are your expectations or desires in becoming a counselor for burn-injured children?

Is there any additional information about yourself that you would like us to know?

Have you been involved in Alisa Ann Ruch Burn Foundation activities/functions before? If yes, briefly explain.

Are there other non-profit organizations or affiliations you have been involved with?

Every volunteer uses a nickname while at camp. (Examples: Chipper, Bubbles, Cowboy, Peanut, Speedy, Trip, Smiley, Baker)

If selected as a volunteer, you would like your nickname to be: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
(Choosing two names is important in case one is already being used by another volunteer)

Indicate which "Informational/Interview" session is closest to you (or the one you wish to attend): (circle one)

Los Angeles / April 5

San Francisco / April 6

*Based on the number of applications a Fresno Interview Session can be arranged. If interested, please indicate on your application.*

**S E C T I O N C - To be filled out by ALL Applicants**

I certify that the information provided to me in this Champ Camp Volunteer Application is true, correct and as complete as possible. My signature also serves that I read the Champ Camp Handbook and am willing to comply with it.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

