



Please mail or fax to: Burn Institute, 8825 Aero Drive, Suite 200, San Diego, CA 92123
Fax: 858-541-7179

COUNSELOR IN TRAINING APPLICATION

(PLEASE PRINT)

LAST NAME FIRST NAME NICKNAME DOB

MAILING ADDRESS CITY ST ZIP CODE

HOME PHONE CELL PHONE

PARENT/GUARDIAN CONTACT RELATION

HOME PHONE CELL PHONE WORK PHONE

T-SHIRT SIZE

WILL YOU BE BETWEEN THE AGES OF 18 AND 20 ON AUGUST 4, 2008? Y / N

WILL YOU BE AVAILABLE FOR PARTICIPATION AUGUST 4 THRU AUGUST 10, 2008? Y / N

EDUCATIONAL HISTORY/GOALS:

ARE YOU A STUDENT? IF SO, WHAT SCHOOL ARE YOU ATTENDING?

WHAT ARE YOU EDUCATIONAL GOALS?

WHAT ARE YOUR CAREER GOALS?

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?

PREVIOUS CAMP/COUNSELOR EXPERIENCE:

CAMP/ORGANIZATION	POSITION	DATE(TO/FROM)
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ADDRESS	PHONE
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BRIEF DESCRIPTION OF DUTIES

PERSONAL REFERENCES:

PLEASE PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF THREE PERSONS (NOT RELATED) WHO HAVE KNOWLEDGE OF YOUR CHARACTER, EXPERIENCE AND ABILITY.

NAME	MAILING ADDRESS	PHONE
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NAME	MAILING ADDRESS	PHONE
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NAME	MAILING ADDRESS	PHONE
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KNOWLEDGE, SKILLS AND ABILITIES:

PLEASE CIRCLE ACTIVITIES BELOW THAT YOU HAVE EXPERIENCE AND INTEREST IN.

SWIMMING	HIKING	PHOTOGRAPHY	BACK PACKING	STORY TELLING
JEWELRY MAKING	COMPUTERS	DRAMA	ZOOLOGY	BOTANY
HORSEBACK RIDING	COOKING	SINGING	HIKING	PARKS
SKATEBOARDING	WOODWORK	ASTRONOMY	STORY TELLING	CANOEING
ROCK CLIMBING	TIE DYEING	DANCING	MOUNTAIN BIKING	RAFTING
MOUNTAIN BIKING	POTTERY	ARTS/CRAFTS	VIDEOGRAPHY	RAPPELLING

DO YOU PLAY A MUSICAL INSTRUMENT? Y / N

IF YES, WHAT TYPE AND WOULD YOU BE WILLING TO BRING IT TO CAMP? _____

DO YOU HAVE ANY OTHER SPECIAL SKILLS/TALENTS THAT YOU WOULD BE WILLING TO SHARE AT CAMP? IF SO, PLEASE DESCRIBE: _____

DO YOU SPEAK A SECOND LANGUAGE? Y / N

IF YES, PLEASE INDICATE TYPE AND DESCRIBE ABILITIES: _____

DESCRIBE ANY SPECIAL KNOWLEDGE, SKILLS AND ABILITIES THAT YOU POSSESS THAT ARE NOT LISTED ABOVE THAT YOU FEEL WOULD BENEFIT THE CAMP PROGRAM:

CERTIFICATES/LICENSES:

CPR CERTIFICATION? Y / N TYPE: _____ EXPIRATION: _____

DO YOU HAVE FIRST AID TRAINING? Y / N EXPIRATION: _____

GENERAL INFORMATION:

HOW OLD WERE YOU WHEN YOU RECEIVED YOUR INJURIES? _____

WHEN DID IT OCCUR? (MO/YR) _____

WHAT WAS THE CAUSE OF THE INJURY?

WHAT PARTS OF THE BODY WERE INJURED?

TBSA%: _____

ARE YOU CURRENTLY WEARING PRESSURE GARMENTS? Y / N

SPLINTS? Y / N

OTHER: _____

ARE THERE ANY PHYSICAL RESTRICTIONS OR NEEDS, BURN RELATED OR OTHER? Y / N

DO YOU HAVE ANY SPECIAL DIETARY NEEDS OR CONCERNS? Y / N

If yes, please explain: _____

ARE YOU CURRENTLY INVOLVED IN PHYSICAL THERAPY? Y / N

If yes, please explain: _____

ARE YOU CURRENTLY INVOLVED IN OCCUPATIONAL THERAPY? Y / N

If yes, please explain: _____

HAVE YOU BEEN EXPOSED TO ANY TYPE OF INFECTIOUS DISEASES? Y / N

If yes, please explain: _____

DO YOU HAVE A HISTORY OF OR ANY CONCERNS REGARDING ANY OF THE FOLLOWING?

___ HEADACHES ___ SLEEPWALKING ___ BREATHING DIFFICULTY ___ HEART PROBLEMS

___ CONSTIPATION ___ HOMESICKNESS ___ STOMACH PROBLEMS ___ DIABETES

___ FAINTING ___ NOSE BLEEDS ___ SEIZURES

DO YOU HAVE ANY FEARS REGARDING THE FOLLOWING?

___ ANIMALS ___ BEING ALONE ___ FIRE

___ DARK ___ HEIGHTS ___ WATER

PERSONAL BACKGROUND HISTORY (Use separate sheet if necessary):

LIST THE PREVIOUS RESIDENCE(S) FOR THE LAST 5 YEARS:

CITY	STATE	YEARS
CITY	STATE	YEARS

HAVE THERE BEEN ANY SIGNIFICANT EVENTS IN YOUR PERSONAL OR PROFESSIONAL LIFE THAT WOULD AFFECT YOUR PARTICIPATION IN OUR MENTORSHIP PROGRAM? Y / N
If yes, please explain: (Use separate sheet if necessary)

HAVE YOU EVER BEEN CONVICTED, FINED, PLACED ON PROBATION OR IMPRISONED? Y / N
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? Y / N
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? Y / N
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)AL RIGHTS? Y/N
If yes, please explain: (Use separate sheet if necessary)

I UNDERSTAND THAT:

1. If hired, circumstances are discovered that would indicate a “yes” answer to any of the above questions, employment and/or volunteer services may be terminated immediately.
2. The information provided on this form is subject to verification, which may include criminal history check and a request of information from any central registry of child abusers.
3. The camp may terminate employment (or 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: _____

I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all others from liability in connection with the same. I understand that, if employed, I will be an at-will (non-compensated) employee unless there is an agreement or law that alters that status. Furthermore, 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.

Signature: _____ Date: _____

PERSONAL HEALTH HISTORY:

HEALTH INSURANCE PROVIDER PRIMARY PHYSICIAN PHONE

DO YOU HAVE ANY MEDICAL CONDITIONS THAT WOULD HAMPER YOUR ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING FOR, WITH OR WITHOUT REASONABLE ACCOMODATION? Y / N

If yes, please describe: _____

ARE YOU CURRENTLY TAKING ANY MEDICATION AT THIS TIME? Y / N

If yes, please list: _____

I UNDERSTAND THAT I WILL BE REQUIRED TO SUBMIT A DOCTOR-SIGNED HEALTH EXAM THAT HAS BEEN CONDUCTED WITHIN THE PERIOD 24 MONTHS PRIOR TO BEING ACCEPTED FOR A COUSELOR-IN-TRAINING (CIT) POSITION.

PLEASE INITIAL: _____

EMERGENCY CONTACT INFORMATION: (PLEASE PRINT)

NAME PHONE SECONDARY PHONE

NAME PHONE SECONDARY PHONE

NAME PHONE SECONDARY PHONE

PHOTO / VIDEO / PUBLICITY RELEASE:

WE REQUEST YOUR PERMISSION TO FILM, PHOTOGRAPH OR INTERVIEW YOU TO HELP OUR EFFORTS IN INCREASING PUBLIC AWARENESS AND SUPPORT OF OUR PROGRAMS BY APPEARING IN PHOTOGRAPHS, VIDEO OR OTHER PUBLICITY THAT THE CAMP MY PRODUCE.

___ NO I **DO NOT** WISH TO BE PHOTOGRAPHED, VIDEOTAPED OR INTERVIEWED

___ YES I **DO** AUTHORIZE THE BURN INSTITUTE TO USE PHOTOGRAPHS, VIDEOTAPES AND/OR INTERVIEWS OF ME TO FURTHER THEIR EFFORTS TO PROMOTE PUBLIC AWARENESS AND SUPPORT.

STAFF BEHAVIOR AGREEMENT:

TRAINING	ALL COUNSELORS MUST ATTEND THE ENTIRE SCHEDULED TRAINING SESSION HELD BEFORE CAMP AND MAY NOT SERVE AS BUS CHAPARONES, OR BE LATE FOR THE SESSION.
DRUGS & ALCOHOL	THE POSSESSION OR USE OF NON-PRESCRIPTION DRUGS OR ALCOLHOL IS STRICTLY PROHIBITED. VIOLATION OF THIS RULE WILL RESULT IN IMMEDIATE DISMISSAL.
TOBACCO USE	????????????????????????????????
VISITORS & LEAVE	NO ONE IS ALLOWED TO LEAVE CAMP WITHOUT FIRST NOTIFYING THE CAMP DIRECTOR. IF YOU DO LEVE FOR AN UNEXCUSED REASON, YOU WILL NOT BE PERMITTED TO RETURN. VISITORS ARE NOT ALLOWED ON THE PREMISES WITHOUT PRIOR APPROVAL OF THE CAMP DIRECTOR.
ELECTRONIC DEVICES	
CURFEW	CAMP STAFF WILL BE IN BED BY 11:00 PM EACH NIGHT IN ORDER TO ASSURE THAT A GOOD NIGHT’S SLEEP IS OBTAINED IN PREPARATION FOR THE FOLLOWING DAY’S ACTIVITIES. CAMP STAFF WILL SLEEP IN THEIR ASSIGNED CABINS EVERY NIGHT.
CLOTHING	CLOTHING WITH WORDING, GRAPHICS OR ANY TYPE OF DESIGN THAT MIGHT BE CONSTRUED AS NEGATIVE OR OFFENSIVE TOWARDS OTHERS IS PROHIBITED. GOOD PERSONAL HYGIENE STANDARDS MUST BE PRACTICED, AND DRESS SHALL BE NEAT AND CLEAN.
CONDUCT	COUNSELORS MUST FOLLOW THE GUIDELINES FOR “STAFF CONDUCT”. ANY BEHAVIOR THAT DISPLAYS NEGATIVE ROLE MODELING AND MAY BE CONSTRUED AS DETRIMENTAL TO THE CAMP’S INTEGRITY WILL NOT BE TOLERATED AND WILL BE GROUNDS FOR DISMISSAL.
PETS	NO PERSONA SHALL HAVE DOGS OR DOMESTIC PETS IN CAMP
MEDICATION	ALL MEDICATIONS (OVER-THE-COUNTER AND PRESCRIPTION) MUST BE TURNED OVER TO THE CAMP NURSE UPON ARRIVAL AND WILL BE STORED UNDER LOCK AND KEY. MEDICATIONS WILL ONLY BE DISPENSED UNDER THE DIRECTION OF MEDICAL STAFF.
PRIVACY	DO NOT TOUCH ANYONE ELSE’S BELONGINGS WITHOUT THEIR PERMISSION
LEADERSHIP	ALL RULES AND DIRECTIVES ISSUED BY THE CAMP DIRECTOR AND STAFF MUST BE SUPPORTED.

ALL STAFF WILL BE RESPONSIBLE FOR ADHERING TO ALL RULES AND REGULATIONS AS APPROVED BY THE CAMP COMMITTEE AND OUTLINED IN THE CAMP BEYOND THE SCARS POLICY AND PROCEDURES MANUAL.

I, _____, UNDERSTAND THAT THE POSITION AS COUNSELOR AT CAMP BEYOND THE SCARS IS NON-COMPENSATED, AND INVOLVES WORKING TWENTY-FOUR HOURS A DAY FOR THE DURATION OF THE POSITION. I FURTHER REALIZE THAT CAMP, BY NATURE, IS PHYSICALLY AND MENTALLY STRENUOUS AND THAT I HOLD HARMLESS THE BURN INSTITUTE FOR ANY CLAIM RESULTING FROM PARTICIPTION AT “CAMP BEYOND THE SCARS”. THE BURN INSTITUTE RESERVES THE RIGHT TO RELEASE ANY VOLUNTEER BECAUSE OF LACK OF CAMPERS, OR IF BEHAVIOR OF THE VOLUNTEER IS, IN THE SOLE JUDGEMENT OF THE CAMP DIRECTOR AND STAFF, IS DETERMINED TO BE DETRIMENTAL TO THE BEST INTEREST OF THE CHILDREN AND/OR ADULTS USING THE FACILITIES AND/OR THE OVERALL WELFARE OF THE CAMP PROGRAM.

SIGNATURE: _____ DATE: _____

PLEASE COMPLETE AND RETURN TO THE BURN INSTITUTE BEFORE NOTED DEADLINE