



HOPE COUNSELOR APPLICATION

Sojourner Family Peace Center Camp Hope America – Wisconsin

Camp dates: June 15-19, 2020 & July 12-17, 2020

Which week(s) are you applying for?

We welcome counselors to apply for both weeks.

June 15-19, 2020 July 12-17, 2020

Contact Information

Name: _____ Date: _____
First Name Middle Name Last Name

Preferred Name or Nickname: _____

Preferred Pronouns: _____

Address: _____
Number Street City State Zip

Preferred Phone: _____ Home Cell Business

E-mail address: _____

Date of Birth: _____

Emergency Information

Allergies: _____

In case of emergency, please list someone who can be contacted should the need arise.

First and Last Name: _____ Relationship: _____

Phone Number: _____



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Education & Personal Background Information

Educational Background: _____

Certification(s): _____

Occupation: _____ Employer: _____

Please submit your resume along with your answers to these questions:

1. What are some special skills and hobbies that you have?

2. List the groups, clubs, or organization memberships that you are involved with currently.

3. Please describe your prior volunteer experience (include organization names and dates of service).



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4. What experience have you had that may prepare you to be a successful, trauma-informed counselor?

5. Why do you want to be a counselor/volunteer?

6. Please describe your prior experience working with children?

7. Our campers are between the ages of 7 and 12 yrs. old, if selected to be a counselor, what age group would you want to work with? Why?



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8. Are you multilingual? If so, what language(s) do you speak fluently?

Professional References

Name: _____

Relationship to you: _____

Email address: _____ Phone: _____

Name: _____

Relationship to you: _____

Email address: _____ Phone: _____



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Volunteer Agreement

This volunteer application is for Hope Counselor positions only. We are looking for individuals who are committed to the mission and the training it takes to be an effective counselor. Are you willing to commit to one or both full weeks of camp (as indicated above)?

Yes No

I certify that the statements herein are correct and true to the best of my knowledge. I understand that, if asked to volunteer, falsified statement(s) on this application shall be considered cause for dismissal.

I also confirm that I am not and have not been a client of Sojourner Family Peace Center at any time during the last six months.

Signature (type full name): _____

Date: _____

Completion of this form does not guarantee an applicant status or placement as a volunteer with Sojourner Family Peace Center. Sojourner accepts applications for volunteer service with the understanding that volunteer service is at the sole discretion of the agency. Sojourner reserves the right to make decisions regarding volunteer service on a case by case basis and may decide to turn away a volunteer applicant or terminate a volunteer's service with the agency at any time, for whatever reason.

To maintain a safe environment for our clients, employees and volunteers, Sojourner Family Peace Center conducts Caregiver and Criminal background checks. Once you have submitted your completed Volunteer Application, our Volunteer Coordinator will contact you with further details.

Thank you for your interest in Sojourner Family Peace Center and our mission!