



***FOUNDATION FOR DREAMS***  
***Employee/Volunteer Application***

**Please print or type application:**

Name \_\_\_\_\_  
Last name First name Middle Initial

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City, State, Zip

Email \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Emergency Contact \_\_\_\_\_  
Name Phone (include area code)

Staff Position Desired: \_\_\_\_\_ Available Dates: \_\_\_\_\_

Talent/Strengths: \_\_\_\_\_

**EDUCATIONAL HISTORY**

Name of High School \_\_\_\_\_ Location \_\_\_\_\_ Grade completed \_\_\_\_\_

Name of College/University \_\_\_\_\_ Location \_\_\_\_\_ Level completed \_\_\_\_\_

Degree: yes or no \_\_\_\_\_ Major: \_\_\_\_\_

Credentials or Certifications:

\_\_\_\_\_

Courses, Jobs or Experience related to children with special needs and/or at risk youth:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Description of Staff Positions:**

**Summer Program Director:** To further the mission of the camp, through the planning and delivery of program activities and events. Design and lead program activities that are safe, fun, and appropriate to the campers' age and abilities. Assist in the management of the overall camp operation at the direction of the Director of Camp Operations.

**Program Specialists:** To further the mission of the camp through the development and delivery of a safe and fun program specialized to meet the needs of each child we serve, enabling children to enhance their skills both physically and emotionally.

**Camp Counselors (18 years of age and older):** Counselors are the primary caregivers for each camper. The Counselor is responsible for planning, teaching, coordinating, and carrying out activities and guiding campers in their personal growth and daily living skills.

**Counselor-In-Training (15-17 years of age):** The Counselor-in-Training is responsible for assisting their camp assigned counselor in planning, teaching, coordinating, and carrying out activities and guiding campers in their personal growth and daily living skills.

**Registered Nurses and LPN's:** The Nurse is responsible for overseeing the health and safety of campers and staff.

**Lifeguard-** Maintains constant surveillance of campers while in pool or canoes, acting immediately and appropriately to secure safety of campers in the event of an emergency. Provides emergency care and treatment as required until the arrival of nurse or emergency medical services.

**Food Service Manager-** The Food Service Manager directs the overall food-service operation of the camp including purchasing, preparation, nutrition, service, sanitation, security, personnel management, customer service, and record keeping.

**Food Service Aides (2 available):** To assist the Food Service Manager and Cook in preparing and serving nutritious meals and in maintaining the cleanliness and sanitation of the kitchen and dishwashing area.

### **All Staff/New Volunteer Applicant Questionnaire (Please prepare answers for interview)**

1. What specific volunteer/work experiences have helped prepare you for this position?
2. What would you bring to this position that would benefit the campers?
3. What do you hope campers will gain from their experience at Dream Oaks Camp?
4. What do you hope you will gain from your experience at Dream Oaks Camp?
5. What do you anticipate will be your greatest challenge?
6. Is there an event or experience that has shaped you towards this role/influenced your decision to apply?
7. What is an interesting/fun idea or activity that you would like to see at camp?

### **Returning Staff/Volunteer Applicant Questionnaire:**

1. What was most challenging about your past experience at Dream Oaks Camp?
2. What did you learn from this challenge?
3. As a staff member/volunteer, what has been your proudest moment at Dream Oaks Camp?
4. What are your goals as a staff member/volunteer at Dream Oaks Camp in 2017?

**References:**

**Three letters of reference are required for full time employees/volunteers. Two must be of a professional or educational nature, and one may be personal (no relatives). Completed references must be sent directly to Foundation for Dreams office or emailed to dpasko@foundationfordreams.org.**

**Accident/Medical Insurance:**

**Name of Company** \_\_\_\_\_ **Group Number** \_\_\_\_\_

**ADDITIONAL INFORMATION:**

(In answering, include offenses or charges to which a guilty or nolo contendere plea was entered or, if convicted, a sentence of probation was imposed.)

Have you ever committed, been convicted of, a violation of the law or forfeited collateral, other than a non-moving traffic violation, such as a parking ticket.

**Yes**                       **No**

Are you now under charges for any offense against the law?

**Yes**                       **No**

If you answer "YES" to any of the above questions, please explain: \_\_\_\_\_

\_\_\_\_\_

**FOUNDATION FOR DREAMS, INC. STATEMENT OF POLICY**

Foundation for Dreams, Inc. is an Equal Opportunity/Affirmative Action employer. As such Foundation for Dreams, Inc. pledges to take the necessary action to preclude discrimination in recruiting, employment, training, disciplining, and /or terminating of employees because of race, color, creed, age, sex, national origin, handicap status, veteran status or other reason in accordance with all applicable state and federal statutes, executive orders and regulations which prohibit discriminatory personnel practices.

**CERTIFICATION OF APPLICANT**

I certify that the information given on this application and in any other supporting documentation, resume, etc., is true and correct. I understand that any false information; willful or negligent misrepresentation; or failure to disclose any requested information will constitute sufficient grounds for Foundation for Dreams, Inc. to terminate my employment without notice. I further understand that Foundation for Dreams, Inc. may perform a pre-employment investigation to determine my suitability for employment and I authorize Foundation for Dreams, Inc. to secure the information necessary to make a decision. I hereby release from liability any and all individuals and organizations that provide information to Foundation for Dreams, Inc. concerning my professional competence, ethics, character and other qualifications and authorize my prior employers to release any requested information from my personnel files. I further understand that Foundation for Dreams, Inc. will adhere to applicable state and federal statutes concerning the securing of information, handling, utilization and release of information obtained in the pre-employment investigation. I acknowledge by my signature that I have read and understand these statements.

\_\_\_\_\_SIGNATURE

\_\_\_\_\_DATE

**Parent/Guardian Authorization for CIT volunteers under the age of 18:**

I/we hereby give permission for \_\_\_\_\_ to be employed and/or volunteer for the Foundation for Dreams, Inc. and Dream Oaks Camp.

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **Date** \_\_\_\_\_

**PRINTED NAME OF PARENT/GUARDIAN:** \_\_\_\_\_

Please mail completed application to:  
Foundation for Dreams, Inc  
Attn: Donna Pasko, Director of Camp Operations  
16110 Dream Oaks Place  
Bradenton, Florida 34212