



A one-week residential summer camp for children and teens diagnosed with inflammatory rheumatologic diseases.

## RETURNING VOLUNTEER COUNSELOR APPLICATION

**PLEASE RETURN BY MAY 17, 2019 TO:**

Elizabeth Rafferty  
78 Library Avenue  
Warrensburg, NY 12885  
or  
Lizrafferty1990@gmail.com

**Dates for Counselors:** Saturday, August 17 to Saturday, August, 24 2019

**Dates for Campers:** Sunday, August 18 to Saturday, August 24, 2019

**For questions please contact:**

Elizabeth Rafferty, Camp D-H Assistant Director  
Lizrafferty1990@gmail.com  
(518) 534-8383



**What is your Tee Shirt Size?**     S     M     L     XL     XXL

**Name**

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

**Home Address**

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Business Address**

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(    )    -

(    )    -

**Email Address**

**Primary Telephone**

**Back-up Telephone**

**Gender:**     Male     Female    **Date of Birth:**        /     /    

Have you ever worked under another name?     **No**     **Yes** - what name(s)? \_\_\_\_\_

Have you been convicted of a felony in the last five years?     **No**     **Yes**

Are you currently excluded, suspended, debarred, or otherwise ineligible to participate in the federal health care programs? Have you ever been convicted of a criminal offense related to the provision of health care items or services and have not been reinstated in the federal health care program after a period of exclusion, suspension, debarment, or ineligibility?     **No**     **Yes** (describe on next page)

Has any hospital or licensed facility restricted or terminated your professional training, employment or privileges or have you voluntarily resigned or withdrawn from such association to avoid imposition of such action due to professional misconduct, unprofessional misconduct, unprofessional conduct, incompetence, or negligence?     **No**     **Yes** (describe on next page)

Have you ever been the subject of professional misconduct proceedings or received notice of any impending actions?     **No**     **Yes** (describe on next page)

If you answered yes to any of the above questions, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Experiences in school, community, and activities that may be relevant to camp: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all current certifications and licenses held (i.e. CPR, first aid, lifeguard): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What skills, courses taken, and experiences do you have that would be especially helpful for the position for which you are applying? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any hobbies, skills or talents and, if so, what are they? \_\_\_\_\_  
\_\_\_\_\_

Would you be willing to lead an activity at camp around your interest?  **No**  **Yes** \_\_\_\_\_  
\_\_\_\_\_

Any additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May your address, email, and phone number be published to provide to Camp D-H staff at the end of the week?  
 **No**  **Yes**

I understand by signing this application that I am interested in helping provide a quality camp experience to children and will be an exemplary role model for them. I certify that the information on this application (and resume if applicable) is true and I understand that false statements may be considered grounds for termination.

Signature and Print Name

Date Signed