



Volunteer Position Description

Position Title: **Summer Camp Counselor** Your Name: _____

Overview of position: Summer Camp Counselors will enhance the Summer Camp experience by assisting the Summer Camp Educators. Responsibilities include but are not limited to: assisting both Summer Camp Educators and Museum Staff and with supervision of campers during before and after care times (8:00-9:00 AM and 4:00-5:00 PM), lunch time (12:00-1:00 PM) and break times. They will also facilitate activities and help with setup/take-down of classroom or activities. Camp Counsellors will gain experience in the following areas: child supervision, group management curriculum/activity facilitation, customer service and public speaking skills.

Reports to:

- 1) Summer Camp Coordinator
Amanda Clapper (503.371.3631 or summercamp@acgilbert.org)
- 2) Volunteer Coordinator
Ryan Kinnett (503-371-3631 or outreach@acgilbert.org)
- 3) Summer Camp Educators

Time Required: We ask that you commit to a minimum of one week of volunteer service. Please check the times you would like to volunteer:

- Morning Shift: 8:00-1:00** **Afternoon Shift: 12:00-5:00** **All Day 8:00-5:00**
- Week 1: July 10-July 14 Week 4: July 31-August 4 Week 7: August 21-August 25
- Week 2: July 17-July 21 Week 5: August 7-August 11
- Week 3: July 24-July 28 Week 6: August 14-August 18

I understand that this is an unpaid volunteer position. (Initials _____)

Location: Gilbert House Children's Museum – 116 Marion St. NE, Salem, OR 97301

Qualifications:

- Must be **14 years or older** to volunteer without a parent present
- Ability to relate to and interact with children and families
- Ability to listen to instruction and willingness to engage
- Skills preferred but not required: knowledge of Gilbert House Children's Museum history and exhibits, ability to address and manage large groups, ability to facilitate activities to individuals or groups, work in a team with fellow counsellors
- Individual 18+ must pass Criminal Background Check

Benefits:

- Offers experience in child supervision
- Offers experience in activity development and facilitation
- Skill building and experience in public speaking, managing large crowds and customer service
- Fulfill volunteer service requirements for school, work, etc.
- 1 year Museum Membership after 100 hours of volunteer service completed in one year (September 1-August 31)

Process: (1) Submit completed *Youth or Adult Volunteer Application* to Volunteer Coordinator, (2) You will be invited to *interview* for position, and (3) If accepted - attend *Mandatory Training* July 5th, 2017 Time TBD.



Gilbert House
Children's Museum

Volunteer Summer Camp Counselor Application

Gilbert House Children's Museum relies on volunteers to enrich the experience of its visitors. Gilbert House Children's Museum is committed to equal volunteer opportunity in all of its program practices. In appointing volunteers, it is important that the requirements of the position match the skills, interests, and time availability of the volunteer. All information provided by this application is confidential and will not be shared with anyone outside Gilbert House Children's Museum staff. A parent permission form must be signed and on file for volunteers under 18 years of age. The completion of a criminal and civil background check will be required for volunteers over 18 years of age. Acceptance of this application does not imply placement to a volunteer position at Gilbert House Children's Museum and please allow us 2-3 weeks to assess placement opportunities for you.

Personal Information

Name _____ Date _____

Phone _____ Birthdate _____

Email _____

Address _____

City _____ State _____ Zip _____

How did you learn about volunteer opportunities at Gilbert House Children's Museum?

Qualifications/Experience

Have you volunteered at Gilbert House Children's Museum in the past? **No** **Yes** When?

If Yes, what were your duties?

Special Skills

Describe your specialized skills, talents, and interests: Skill Level: Beginning Intermediate Expert

A) _____

B) _____

C) _____

Education

Select the highest degree acquired: High School/GED Associate's Bachelor's Master's PhD

Name of school(s) _____

Employment (most recent -- if applicable)

Employer Name _____ Your Position _____



Explain why you are interested in the Summer Camp Counselor Position: (use space below)

Emergency Contact Information

Primary Emergency Contact Person _____

Relationship _____ Phone _____

Please list any allergies or medical conditions of which museum staff should be aware:

Publicity Consent

May we have your permission to take a photo or video of you during our events or other volunteer opportunities and use it for promotional purposes? **Yes** **No**

Liability Release

It is understood that as a participant in the Volunteer Program, you are not an employee of Gilbert House Children's Museum. By signing this application, you agree to release Gilbert House Children's Museum from all liability in the event of an accident, injury, or illness that occurs while you are volunteering, as well as any damage, accident, or injury that may be caused by you against another volunteer or guest of Gilbert House Children's Museum.

I hereby affirm and certify that all information provided in this volunteer application is true and complete. I understand that Gilbert House Children's Museum will rely upon the accuracy and truth of this information. Any significant omissions or falsifications are basis for immediate dismissal. I understand that Gilbert House Children's Museum will require a background check or parent permission prior to volunteer assignment.

Applicant Signature _____ Date _____

Print Name _____

****Return completed Volunteer Applications to Volunteer Coordinator****

If under the age of 18:

Guardian Name: _____

Signature: _____ Date: _____

Relation: _____



Criminal History Background Statement (18+ only)

Last Name _____ Date _____

First Name _____ Full Middle Name _____

Maiden/Other Names Previously Used _____ Gender M F

Street Address _____

City, State, ZIP _____ Phone _____

Social Security Number _____ Date of Birth _____

Other states where you have resided as an adult (age 18 and older): _____

Note: Please answer all questions on this form.

Missing or incomplete information may cause your application to be delayed or rejected.

1. Have you ever been convicted of a sex-related crime? (*circle one*) Yes No

If yes, did the crime involve force or minors? Yes No

If yes, was the conviction in Oregon or another state? (*specify state*) _____

2. Has your record ever been expunged of a prior sex offense? Yes No

If yes, was the conviction in Oregon or another state? (*specify state*) _____

3. Have you ever been convicted of a crime involving violence or the threat of violence? Yes No

If yes, was the conviction in Oregon or another state? (*specify state*) _____

4. Have you ever had a restraining order placed against you because of violence? Yes No

If yes, was the order issued in Oregon or in another state? (*specify state*) _____

5. Have you ever been convicted of a crime involving drugs or alcoholic beverages (incl. DUII)? Yes No

If yes, was the conviction in Oregon or another state? (*specify state*) _____

6. Have you ever been convicted of any other crime except a minor traffic violation? Yes No

7. Have you been arrested for a crime for which there has not yet been an acquittal or dismissal? Yes No

I request and authorize the release of any and all information that is part of the public record concerning myself to A.C. Gilbert's Discovery Village for the purposes of pre-volunteer investigation, to include all entries wherein I have been mentioned as being arrested for any crime, violation, infraction or offense, any entry naming me as a suspect in any crime, violation, infraction or offense, and any entry naming me as a witness, victim, or complainant.

I, and all of my successors and heirs, hereby forever release A.C. Gilbert's Discovery Village and all of its officers and employees from any liability or damage, either direct or indirect, which may result from furnishing the requested information. I hold harmless any organization supplying the requested information from the provision or use of any information obtained regardless of whether it should be later proven to be factual or not factual.

I have the right to make a request to IntelliCorp Records, Inc, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for dismissal.

Applicant's Signature _____ Date _____