# 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

 Patricia McNab (503-371-3631 or outreach@acgilbert.org)

 3) Summer Camp Educator

 Julia Golden (503-371-3631 or programs@acgilbet.org)

## Time Required: We ask that you commit to a minimum of one week of volunteer service. Please check the times and weeks 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 9-July 13 □ Week 4: July 30-August 3 □ Week 7: August 20-August 24

□ Week 2: July 16-July 20 □ Week 5: August 6-August 10

□ Week 3: July 23-July 27 □ Week 6: August 13-August 17

□ 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 6th, 2017 Time TBD.

**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.

**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

1. \_                                                                                                                                                                             \_\_\_\_\_\_\_
2. \_                                                                                                                                                                                      \_\_\_
3. \_                                                                                                                                                                                          \_

**Education**

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

Name of school(s) \_                                                                                                                                     \_

**Employment**

Employer Name                                                                                              \_ Your Position                                                 \_\_\_

**Explain why you are interested in the Summer Camp Counselor Position:** (please 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 \_                                                                                                                                                                \_\_\_\_\_\_\_\_\_\_

**Youth Volunteer Parent/Guardian Permission Form**

Your son/daughter has asked to volunteer at Gilbert House Children’s Museum

Please complete this form if you will allow him/her to volunteer.

Permission to volunteer, please initial your approval:

\_\_\_\_ My son/daughter has permission to volunteer at Gilbert House Children’s Museum.

\_\_\_\_ My son/daughter may have his/her picture taken and used for publicity purposes.

Permission for Medical Treatment, please initial your approval:

\_\_\_\_\_ In an emergency, Gilbert House Children’s Museum has my permission to call an ambulance or take my son/daughter to any available physician or hospital at my expense. I understand that every effort will be made to contact me or the emergency contact person(s) as soon as possible.

***Liability Release***

**It is understood that by allowing my son/daughter to participate in the Volunteer Program, they 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 they are volunteering, as well as any damage, accident, or injury that may be caused against them by another volunteer or guest of Gilbert House Children’s Museum.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Youth Volunteer Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian Date

**Criminal History Background Statement (18+)**

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.

Applicant Signature \_                                                                                                                       \_ Date \_                                \_

Print Name \_                                                                                                                                                                \_\_\_\_\_\_\_\_\_\_