



# Oklahoma Firefighter's Burn Camp #22, 2021

## Counselor/Volunteer - Application Form

*This year's theme: Masquerade Ball*

**Dates; Wednesday, August 4th through Sunday, August 8th.**

Please **COMPLETE ALL SECTIONS** and **BOTH PAGES** of this form if you are interested in serving as a counselor or volunteer at Burn Camp.

PLEASE PRINT CLEARLY AND LEGIBLY (esp. your email as this is our main form of communication)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ M.I. \_\_\_\_\_

Date of birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Male (  ) Female (  )

E-mail: \_\_\_\_\_ (please print CLEARLY)

Phone: (  ) \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicants Adult T-shirt size: (  ) S (  ) M (  ) L (  ) XL (  ) XXL (  ) XXXL

Please return this form by mail *by May 1<sup>st</sup>, 2021* to: Tammy Wagoner: PO box 10 Talala, OK 74080. You may also return via the website or by email. For questions please contact Tammy at: (918) 637-2591 or [asst-director@okffburencamp.org](mailto:asst-director@okffburencamp.org) Applications post marked after May 1, 2021 will not be accepted, so please get your application in on time.

For questions about the Burn Camp children/campers or parents of children/campers you may also contact Jenn Parham: (918) 698-8812

**Please indicate below the volunteer staff position you are interested in:**

**Counselor:** I will be assigned a camper for the entire 5 days of camp and will be responsible for his/her behavior and well being.

If you have a camper preference, please indicate below:

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

*Please remember that camper's have first choice with whom they are paired. Counselor requests for campers will be honored as much as reasonably possible. Ultimately, the burn camp committee will make the final decision regarding camper/counselor pairings, keeping the campers best interest in mind.*

**Volunteer**

**Nurse/Physician:** I want to be assigned to the nurse's station.

**Cabin leader**

**Other:** \_\_\_\_\_ (please specify)

Please note only applications from volunteers and counselors that can be at camp all 5 days will be accepted.

If this is your first year to apply to camp, how did you hear about camp? \_\_\_\_\_

Please provide a reference: \_\_\_\_\_ Email or phone #: \_\_\_\_\_

Do you need wheelchair access?  Please list any health problems or limitations for your participation at camp so we can help make this the best experience for you.

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**By reading and signing below, you agree to the following:**

- I understand that Burn Camp is a smoke free camp. Smoking is only allowed in the parking lot outside the Frontier Cove park entrance. All rubbish must be disposed of properly.
- I understand that Burn Camp is a drug free and alcohol free camp at all times.
- I will seek assistance and support from other camp staff if at any time I am not able to be with my assigned camper or at my assigned activity.
- I will notify the program director if I observe any action which may affect the safety and well-being of any individual; especially a camper.
- I will be suitably and modestly clothed, prepared, and equipped for all activities and will assist my assigned camper to prepare for each scheduled activity to insure their full participation.
- I will respect the use of the program's supplies and facility and will treat the environment with great care.
- I will commit to being 100% focused on the Camper's physical, social, and emotional well-being.
- I will commit to allowing myself and the differently-able around me to experience the joys of camp fully, so that I may leave knowing that my contribution made a positive difference in the lives of others.
- I will agree to leave the camp program and facility immediately if requested to do so by the camp director for dishonoring the intent and spirit of Burn Camp.
- I understand that if I am asked to leave Burn Camp for any reason that I may not be invited to participate in Burn Camp in the future.

PLEASE SIGN: \_\_\_\_\_

Date: \_\_\_\_\_

*This form must be signed and dated to participate with Burn Camp*

*Thank you very much for your interest in Burn Camp 2021!*

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