



**CAMP EYABSUT**  
P.O. Box 5212  
Lynnwood, WA 98046

[www.campeyabsut.org](http://www.campeyabsut.org)  
[eyabsut@gmail.com](mailto:eyabsut@gmail.com)



April 10, 2022

Dear Potential New Staff,

Camp Eyabsut 2022 is scheduled **Saturday, July 16 - Saturday, July 23, 2022** at the Camp Waskowitz facility in North Bend, WA. The camp staff and counselors need to arrive by **12pm on Saturday, July 16<sup>th</sup>**.

**This is a full week commitment – Saturday noon – Saturday noon. Please take this into account before applying. We have day volunteer opportunities if you are not able to commit to the full week.**

Please fill out the attached application **COMPLETELY**. We will need **all** forms returned to the address below by no later than **June 1, 2022** to be considered for a CIT or new staff position.

There are 2 ways to return your application:

1. Scan completed form and email to: [eyabsut@gmail.com](mailto:eyabsut@gmail.com)
2. Fax to: **877-449-3896**

We look forward to a super fun week and celebrating the 35<sup>th</sup> year of camp!

If you have any questions or concerns, please don't hesitate to contact us for more information.

Sincerely,

A handwritten signature in black ink that reads "J Day".

Jeanette Day aka JD  
Camp Director

A handwritten signature in black ink that reads "Carrie".

Carrie Pratt  
Camp Staff Director

## 2022 Camp Eyabsut – New Counselor Application

**Staff Dates: July 16<sup>th</sup> - July 23<sup>rd</sup>**

The information contained in this application will be used to determine your suitability as a volunteer camp counselor, responsible for the care of a group of children for a period of seven days. PLEASE PRINT LEGIBLY!

NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ GENDER: \_\_\_ F \_\_\_ M

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_ ZIP \_\_\_\_\_

HOME PHONE(    ) \_\_\_\_\_ WORK PHONE(    ) \_\_\_\_\_

CELL PHONE(    ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

PLEASE CHECK THE POSITION YOU ARE INTERESTED IN:

**COUNSELOR** \_\_\_\_\_ **C.I.T** \_\_\_\_\_ **NURSE** \_\_\_\_\_ **LIFEGUARD** \_\_\_\_\_ **OFFICE STAFF** \_\_\_\_\_

PLEASE CHECK ALL AGE GROUPS YOU HAVE WORKED WITH IN THE PAST:

\_\_\_\_\_ 5-8 (POOH/SHREDDY)                      \_\_\_\_\_ 9-12 ( KOALA/POLAR)  
 \_\_\_\_\_ 13-14 (PANDA/BROWN)                      \_\_\_\_\_ 15-17 (BLACK/GRIZZLY)

Have you attended/volunteered for Camp Eyabsut in the past? \_\_\_ YES \_\_\_ NO

If **YES**, did you attend as a: \_\_\_ CAMPER \_\_\_ DAY VOUNTEER \_\_\_ C.I.T \_\_\_ OTHER

**PLEASE LIST YOUR ADULT SHIRT SIZE:** \_\_\_\_\_ T-shirt \_\_\_ Sweatshirt (fit/size may vary)

**EMPLOYMENT HISTORY-** Please list **your last two employers**, beginning with your most recent employer. If you're a student, please indicate so and list any seasonal or summer paid or volunteer positions, which you have held. **Please provide complete names, addresses and phone numbers.**

DATES WORKED	EMPLOYER	ADDRESS	SUPERVISOR/ PHONE	JOB TITLE

**PERSONAL REFERENCES:** Please give names and addresses of two personal references (not relatives) having knowledge of your character, experience, work habits and abilities.

	NAME	RELATIONSHIP	PHONE
REF:			
REF:			

**EMERGENCY CONTACTS:**

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**CERTIFICATIONS:** Please CHECK any of the following, which will be **CURRENT** at the time of camp (July 16<sup>th</sup> – July 23<sup>rd</sup>).

	CPR		RN		LPN		LIFEGUARD
--	-----	--	----	--	-----	--	-----------

**ACTIVITIES:** Complete the following list using (1-5) to describe your ability/comfort level

1= No idea what this activity is

2= I do not feel comfortable participating in this type of activity

3= I would feel comfortable helping out with this activity, but not leading it

4= I would feel comfortable leading this activity, if someone trains me in advance

5= I would feel comfortable leading and planning this activity.

	Archery		Softball		Water Games		Basketball
	Swim lessons		Free swim		Disc Jockey		Soccer
	Carnival Booth		Capture the Flag		Campfire Songs		Volleyball
	Storytelling		Organize Skits		Hiking		Perform Skits
	Computers		Overnight Camp		Cheerleading		Arts & crafts
	Kick Ball		Teach Dances		Teambuilding		Nature activities

Is there a particular activity not listed above that you would like you lead/ teach at camp?

\_\_\_\_\_

Do you play a musical instrument? \_\_\_\_\_ If Yes, which one(s)? \_\_\_\_\_

What interests you most about volunteering for Camp Eyabsut? \_\_\_\_\_

How did you hear about Camp Eyabsut? \_\_\_\_\_

List any and all specific experience you have working with burn survivors:

Do you have any concerns about working with burn survivors? If so, what are they?

List what you think will be your greatest contributions to Camp Eyabsut and our campers:

---

**LIFE EXPERIENCE:** Please list any professional work, volunteer work, education training or hobbies related to children and/or outdoor education or recreation. (attach extra sheet if necessary)

**WORK EXPERIENCE:** Describe your current occupation and how long have you been in this field/ school. Detail how you think this experience may apply to being an effective camp counselor.

**GENERAL:** Please list any other information that you feel would be important for the Camp Eyabsut Leadership Team to know.

**CAMP EYABSUT 2022 – CAMP STAFF MEDICAL HISTORY**

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

**DO YOU HAVE MEDICAL INSURANCE?**  YES  NO

IF SO, INDICATE CARRIER OR PLAN NAME: \_\_\_\_\_ GROUP #: \_\_\_\_\_

**PLEASE TELL US ABOUT YOUR HEALTH HISTORY:**

ARE YOU BEING TREATED FOR ONGOING ILLNESSES OR INJURIES?  YES  NO IF YES, PLEASE DESCRIBE:

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

ARE YOU CURRENTLY TAKING ANY PRESCRIPTION MEDICATION?  YES  NO IF YES, PLEASE LIST ALL:

\_\_\_\_\_

ARE YOU TAKING ANY OVER-THE-COUNTER MEDICATION?  YES  NO IF YES, PLEASE LIST ALL:

\_\_\_\_\_

DATE OF LAST TETANUS SHOT \_\_\_\_\_

**PLEASE LIST ALL KNOWN ALLERGIES:**

DESCRIBE THE REACTION AND MANAGEMENT OF THE REACTION

MEDICATION ALLERGIES (LIST)

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

FOOD ALLERGIES (LIST)

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

OTHER ALLERGIES (LIST) - INCLUDE INSECT STINGS, HAY FEVER, ASTHMA, ANIMAL DANDER, ETC \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACTS:**

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

I ASCERTAIN THAT ALL THE ABOVE INFORMATION IN THIS APPLICATION IS RELIABLE, TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IN THE EVENT OF A SERIOUS ILLNESS OR INJURY, I AGREE TO BE TRANSPORTED TO AND TREATED BY THE LOCAL URGENT CARE FACILITY OR HOSPITAL AT THE DISCRETION OF THE CAMP EYABSUT NURSE MANAGER AND CAMP DIRECTOR.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# 2022 CAMP VOLUNTEER AGREEMENT

I, (**Print FULL LEGAL Name**) \_\_\_\_\_, certify that I agree and am aware that any volunteer relationship with the Camp Eyabsut and the Washington State Council of Firefighters Burn Foundation (WSCFFBF) is "At Will". At-Will means that a Volunteer has the right to resign at any time and the Camp Eyabsut Director can dismiss a Volunteer at any time, with or without cause.

Volunteering at Camp Eyabsut carries enormous responsibility. Camp Counselors, CITs and Day Volunteers must maintain the highest standard of conduct while working at camp or representing Camp Eyabsut. The protection of and setting a good example for campers is the highest priority. This requires that you put the campers' welfare above your own personal priorities at all times.

If I am selected as a full-time volunteer counselor or staff member for Camp Eyabsut, I agree to abide by all Camp Eyabsut and Camp Waskowitz rules and uphold the highest standard of conduct by respecting and following all rules/guidelines in the Camp Eyabsut Staff Manual.

In accordance with the policies of the Highline School District, Camp Eyabsut and Camp Waskowitz, it is illegal to possess or use any alcohol, marijuana, firearms, fireworks, illegal drugs or other controlled substances while at camp.

Additionally, any volunteer who either uses or has possession of any of the above while anywhere on campgrounds, on offsite activities during camp or while supervising campers as a representative of Camp Eyabsut is subject to immediate dismissal.

Camp Waskowitz is a NO TABACCO / SMOKING facility, therefore, smoking or chewing tobacco and possessing/using marijuana is prohibited during camp week.

In applying for a volunteer camp position, I understand the information which I have furnished on this application is subject to validation and will include employment verification and a criminal background / child abuse history check.

I certify that the answers given in this application are true and complete to the best of my knowledge and understand that any false or misleading information given by me will result in my dismissal.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2022 Camp Eyabsut -- Voluntary Disclosure**

To comply with our insurance requirements and Washington State law, we must ask the following questions. Please be assured that these forms will be kept confidential. Checking "Yes" does not necessarily exclude you from participation.

I also understand that Camp Eyabsut will perform a full criminal background check on me.

**Print FULL LEGAL Name:** \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Have you ever been convicted of any crime (other than traffic violations), including child abuse or sex abuse crimes?  No  Yes

If yes, please explain:

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

Have you ever been charged with any crime related to sexual misconduct, domestic violence or abusive behavior?  No  Yes

If yes, please explain:

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

Are there any criminal charges against you currently pending in Washington or any state?  No  Yes

If yes, please explain:

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_