



## Volunteer/Staff Application

### Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_

*Address* *City/State/Zip* *County*

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Shirt size \_\_\_\_\_

What age child do you prefer to work with. Rank 1-4 1= Most preferred & 4 Least preferred

Birth-5 \_\_\_\_\_ 6-9 \_\_\_\_\_ 10-13 \_\_\_\_\_ 14-18 \_\_\_\_\_

### School Background:

Undergraduate degree: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

School attended: \_\_\_\_\_

Graduate Degree: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

School attended: \_\_\_\_\_

Anticipated Graduate Degree and program: \_\_\_\_\_

Anticipated year of graduation: \_\_\_\_\_

School attending: \_\_\_\_\_

### Previous Work Experience with Children:

Position: \_\_\_\_\_ Years worked: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Position: \_\_\_\_\_ Years worked: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

### Previous Volunteer Experience with Children:

Position: \_\_\_\_\_ Years worked: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Position: \_\_\_\_\_ Years worked: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

**References**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Questions**

Honesty and transparency about your childhood, strengths and weaknesses is necessary based on the type of camp we will be running. Any life transitions or traumas you may have experienced as a child would be helpful for us to know, when assigning campers with buddies.

**What appeals to you about helping at Foundation For Hope camp?**

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**Do you have a personal connection to trauma informed care, justice involved youth, adoption or foster care?**

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**What do you see as your strengths in working with children?**

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**What do you see as your weaknesses in working with children?**

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**Are there any specialized skills/training that you have such as: speaking a foreign language, yoga instructor, art or music therapy etc. that might be beneficial to utilize at camp?**

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**Are there any experiences from your own childhood that might be triggered when working with children who have a background of trauma? Please share if you feel comfortable.**

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**What is your experience with TBRI® (Trust Based Relational Intervention)? Are you a practitioner? Have you attended an Empowered to Connect conference or simulcast? Caregiver training?**

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**A background check must be on file with FFH Camp. If you have a current DCS Background Check on file, are you able to provide FFH with a copy?**

Yes  No

If no, are you willing to complete a background check?

Yes  No

**Are you comfortable completing a phone call with a Foundation For Hope Camp representative to discuss this opportunity?**  Yes  No

**What roles are you interested in helping with at camp?**

\_\_\_\_\_Buddy- Assigned to be the primary support for a child as they participate in activities at camp. Should be trauma-informed, but ideally TBRI Caregiver Trained. Willing to attend a one day 9a-2p Saturday training prior to camp.

\_\_\_\_\_Facilitator- Assigned to lead a specialty group. Please check any that you are interested in: Curriculum provided

_____	Nurture Group	_____	Crash & Bump	_____	Mindful Movement
_____	Life Skills	_____	Art	_____	Sensory
_____	Voice				

\_\_\_\_\_Logistics- Assigned to set up, reset, clean up areas such as activity and meal spaces. Instructions and maps provided.

\_\_\_\_\_Photographer- Assigned to take and print photographs during all activities at camp. Equipment & supplies provided. Photographer experience preferred. No TBRI experience needed.

\_\_\_\_\_Family Coach- Assigned to observe the children within a family unit to provide insight and support to their caregiver. **Must** be a TBRI Practitioner or experienced in TBRI implementation preferred.

\_\_\_\_\_Triage Team- Assigned to assist with dysregulated youth. **Must** be a TBRI Practitioner or experienced in de-escalation of high-level 3 & 4 behaviors.

2024 Camp Dates you are interested in (you may choose more than one):

\_\_\_\_\_ April 25th-27th

\_\_\_\_\_ June 27th-29th

\_\_\_\_\_ September 26-28th

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Name

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Date

Please submit all applications to:

**Andrew Young**

[Andy@foundationforyouth.com](mailto:Andy@foundationforyouth.com)

AND

**Lori Meyers**

[lmeyers@co.johnson.in.us](mailto:lmeyers@co.johnson.in.us)