

**VOLUNTEER STAFF APPLICATION**  
**SOUTH CAROLINA NATIONAL GUARD YOUTH CAMP**

**24 July – 31 July 2010**

Name: \_\_\_\_\_  Male  Female Social Security #: \_\_\_\_\_  
(Last, First, MI)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Primary Email Address: \_\_\_\_\_ Alternate Email Address: \_\_\_\_\_

Age (Must be at least 18 years of age): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Are you a Guard Member?:  No  Yes - SCNG Member's Unit: \_\_\_\_\_ Rank/Title: \_\_\_\_\_

Check Swimming Level:  Does not swim  Beginner  Intermediate  Advanced

T-shirt size: (adult sizes)  Small  Medium  Large  X-Large  XX-Large  XXX-Large

Do you have any dietary requirements/restrictions?  Yes  No

If yes, please specify: \_\_\_\_\_

Do you have any physical restrictions?  Yes  No

If yes, please specify: \_\_\_\_\_

Do you have any medical conditions/allergie?  Yes  No

If yes, please specify: \_\_\_\_\_

Do you have any camp experience?  Yes  No If yes, explain \_\_\_\_\_

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

Why do you wish to serve as volunteer staff \_\_\_\_\_

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

Have you previously participated as volunteer staff at Youth Camp?  Yes  No

If yes, what position (s) did you hold? \_\_\_\_\_

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

No

Do you wish the same assignment (s)?  Yes

Please indicate which area (s) where you would like to work as a volunteer: (**If more than one, please indicate 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> choice.**)

\_\_\_\_\_  \* Platoon Leader: You will have overall responsibility for 25 campers, as well as counselors and junior Counselors. You will supervise all activities and movements of the group, as well as oversee instruction of drill and ceremony.

\_\_\_\_\_  \* Senior Counselors: You will assist group leaders in all responsibilities as outlined.

\_\_\_\_\_  \* Night Counselors:  
You will be housed in the barracks with campers. You will maintain order in the barracks, ensure lights are out on time, ensure the personal hygiene of campers, and ensure medications taken when appropriate, etc.

**VOLUNTEER STAFF APPLICATION**  
**SOUTH CAROLINA NATIONAL GUARD YOUTH CAMP**

(Work Areas Continued On Next Page)

- \_\_\_\_\_  Camp Chaplain
- \_\_\_\_\_  Military (GSA) Bus Driver
- \_\_\_\_\_  Administrative Support
- \_\_\_\_\_  Supply/Camp Setup
- \_\_\_\_\_  Arts and Crafts
- \_\_\_\_\_  Safety and / or Security
- \_\_\_\_\_  Medical Staff

\* The above positions are **FULL – TIME** positions only. These individuals will be required to be at camp from Saturday, **24 July 2010** to Saturday, **31 July 2010**.

Please check if you are qualified and willing to instruct in any of the following areas:

- Youth Motivation/Self Esteem
- Flag Protocol and Courtesy
- First Aid
- Drug/Alcohol Abuse
- Safety in the Home
- Survival Tactics
- Marksmanship
- Canoeing
- Swimming Lifeguard certified

Are you available full-time or part-time? \_\_\_\_\_ If part-time, please list specific dates and times available in the space provided below.

**(ALL STAFF MUST ATTEND THE ORIENTATION ON 24 JULY 2010)**

---

---

Do you have a child(ren) between the ages 10 – 13 who will attend camp?  Yes  No

Child(ren)'s name(s): \_\_\_\_\_  
(Last, First, MI)

Are you willing to stay in barracks with campers?  Yes  No

Are you qualified to operate a 44 passenger military bus?  Yes  No

List your areas of expertise in order.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**NO ALCOHOLIC BEVERAGES WILL BE PERMITTED IN CAMP AREA.** Counselors and volunteers who are housed in camper barracks are expected to refrain from drinking alcoholic beverages.

**VOLUNTEER STAFF APPLICATION  
SOUTH CAROLINA NATIONAL GUARD YOUTH CAMP**

Emergency contact Information:

Emergency contact: \_\_\_\_\_ Relationship to You: \_\_\_\_\_  
Emergency Contact Telephone Number(s): \_\_\_\_\_

Alternate emergency contact, if person(s) listed above cannot be reached:  
\_\_\_\_\_ Relationship to You: \_\_\_\_\_ Emergency Contact  
Telephone(s): \_\_\_\_\_

**Please return application, health record, copy of medical insurance card, and volunteer agreement DA Form 4712-R) to:**

**South Carolina National Guard Family Programs  
ATTN: Youth Camp Director (STOP #18)  
1 National Guard Road  
Columbia, SC 29201-4766**

For further information, you may contact Mr. James E Harris, Jr, at (803) 806-2165 or Ms. Sherry Marsh at (803) 806-1641 from 7:30 am – 5:00 pm , Monday through Friday.

**Note:** All applicants will be notified by mail whether or not they have been accepted. Written details will be sent to Volunteers as to dates, times, in-processing locations, items to bring, etc.

**Note:** Staff positions are a 24 hour function. Volunteers understand that their role is not an 8-hour per day job.

**Note:** As a staff member of the South Carolina National Guard Youth Camp, I understand that the SCNG Youth Camp must run a SLED/DSS background check on me. This is not only for my protection but also serves as a safeguard for our most precious resource - our Campers.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date