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6220 S. Lindbergh Blvd.,
Suite 203
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314.939.1550
WWW.BRSG.ORG

Dear Applicant,

Thank you for your interest in volunteering as a Counselor with Midwest Children's Burn Camp (MCBC)! Please review the following information carefully before completing and submitting the attached application.

What is Midwest Children's Burn Camp? MCBC is for campers ages 6-17 who have sustained burn injuries including smoke inhalation. **Camp is free of charge!** This special camp offers the chance for youth burn survivors to enjoy fun summer activities with others who have gone through a similar experience. The camp's positive and supportive environment helps build self-confidence, boost self-esteem and allows children to realize they are not alone.

When is Midwest Children's Burn Camp? **Midwest Children's Burn Camp 2020 is scheduled for July 25, 2020 through August 2, 2020** at Camp Taum Sauk in Lesterville, Missouri (www.taumsauk.com). Counselors must commit to being at camp for the whole week as well as attend volunteer orientation in Columbia, Missouri from May 29th, 2020 to May 31st, 2020

What is a Counselor? Counselors are an integral part of the MCBC team. Counselors will be directly responsible for the campers at all times. A counselor, as the name implies, is one who counsels . . . you are a mentor, a teacher, a companion, a judge and a guide. Although all positions are vital to the success of camp, the Counselor's job is by far the most demanding and the most rewarding. The campers will carefully observe all you do. You will be responsible for the health, happiness and welfare of your group 24 hours a day.

What qualifications and experience are required? Counselors must be at least 21 years of age and Counselors-in-Training must be at least 18. Previous experience with children is not required but is preferred.

Who do the Counselors report to? Counselors report to the Group Leader for the age group of campers to which they are assigned.

What are the essential functions of a Counselor?

- Able to live in a cabin with others, eat meals in a large, noisy dining room, etc.
- Possess strength and endurance required to maintain constant supervision of campers in both structured and unstructured activities
- Able to address stressful situations appropriately in a fast-paced, interactive environment

I'm in! How do I apply? You have options! Complete and return the attached application by email to brsg@brsg.org or fax to (314) 939-1555. Or fill out an application online at app.campdoc.com/register/mcbc. Applications are due **April 30th, 2020**.

I still have questions or need help with the application! Call the Burns Recovered office at (314) 939-1550 or email Madeleine at madeleine@brsg.org. We look forward to having you on the team!

Sincerely,

Larry Conley,
Camp Director

Madeleine Carson,
Director of Youth Programs



VOLUNTEER COUNSELOR & COUNSELOR IN TRAINING APPLICATION

I am applying as a Volunteer Counselor (21 years of age and older) Counselor-in-Training (Ages 18—20)

Name: _____
Home Address _____

Today's Date _____
Birth Date _____
Home Phone _____
Cell Phone _____

How did you hear about MCBC? _____

Email Address _____
Are you on Facebook? Yes No

Place of Employment: _____

Work Address _____

Work Phone _____

If you are a firefighter, please list station number and shift _____

T-Shirt size (adult sizes): (S, M, L, XL, XXL) _____ Nickname: _____

Name and phone number of person to be contacted in case of an emergency. (Please include area code.)

Have you ever been convicted of or pled guilty to a felony or a misdemeanor? Yes No If yes, briefly describe the circumstances, including date of conviction, nature and place of offense and disposition of case. This information is viewed as only one factor in your consideration for a staff position at this camp and is evaluated in terms of nature, severity and date of offense. (Please Note: Burns Recovered will conduct a full background check on all volunteer counselors and counselors-in-training.)

What age group do you prefer working with? (Please note: there is no guarantee you will be working with your preferred age group)
 6 to 9 year olds 10-13 year olds 14-17 year olds

NEW VOLUNTEERS ONLY: References: Give the names and complete addresses of three (3) References. References should either be from your previous places of employment, volunteer opportunities, or school. **Please note: When giving references, do not give the names of relatives. If complete contact information is not provided, we will not be able to consider your application.**
Name, Address (with city, state and ZIP code), E-mail address and phone

1. _____

2. _____

3. _____

NEW VOLUNTEERS ONLY: List any experience you have working with children

NEW VOLUNTEERS ONLY: Camp Experience (Please list any camp which you have attended either as camper or staff.)

Date (MM/YY)	Camp	Address	Phone	Camper or Staff?
_____ to _____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____

NEW VOLUNTEERS ONLY: What contributions do you think you can make to camp?

Please place your initials by each line:

_____ I want to be a volunteer counselor or counselor-in-training. I understand I must commit to nine days (Saturday, July 25th 2020 to Sunday, August 2nd, 2020) and I am willing to commit to those days. Please do not commit yourself unless you are certain you can commit to nine days.

_____ I commit to completing the assigned online training videos by May 29th, 2020. I understand that if I do not complete these videos by the due date I cannot come to camp.

_____ I commit to attending the required orientation/training weekend in Columbia, MO from May 29th, 2020 to May 31st, 2020. Details on this will follow.

I authorize investigation of all statements herein and release the camp and all others from liability in connection with same. I understand that if asked to serve, I will serve without compensation. I also understand that as a volunteer counselor or counselor-in-training for Midwest Children’s Burn Camp (MCBC) I will be trained and screened thoroughly. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the camp. I also understand that if asked to serve as a volunteer at Midwest Children’s Burn Camp the position could involve working twenty-four hours a day for the duration of the position. I realize that camp is a physically strenuous activity, and I hold harmless Midwest Children’s Burn Camp and Burns Recovered from any claim resulting from participation at Midwest Children’s Burn Camp or any Midwest Children’s Burn Camp activities. If asked to serve, I agree to a curfew as established by Midwest Children’s Burn Camp and will refrain from the use and participation of all alcohol, drugs, and sexual activity during the term of this agreement. I understand that all volunteers are required to report to Midwest Children’s Burn Camp on time and that this agreement will be held in the strictest confidence by both the volunteer and Midwest Children’s Burn Camp. I understand that Midwest Children’s Burn Camp and Burns Recovered, reserve the right to release any volunteer because of a lack of campers, or if behavior of the volunteer is, in the judgement of the Director of Youth Programs of Burns Recovered, determined to be detrimental to the best interests of the children or adults using the facilities. My signature below indicates that I have read and understood this contract in its entirety and that I agree to abide by it.

Volunteer Signature: _____ Date: _____

All volunteers and staff affiliated with Burns Recovered and Midwest Children’s Burn Camp (MCBC) are screened and background checked to ensure the safety of our participants. The shortest length of time for a background check to be complete is about 36 hours. The longest has taken several weeks. We suggest you complete this process as soon as possible to avoid any challenges. **You must complete the application and background check process entirely before April 30th, 2020 or you will not be able to participate in Midwest Children’s Burn Camp.** To complete your background check visit the following website <https://www.ejobapp-validityscreening.com/applicant/companies/28313/accounts/40614/positions>

Please return your application, health form, and insurance waiver (if applicable) by 4/30/2020 to: Burns Recovered/Midwest Children’s Burn Camp
 6220 South Lindbergh Blvd., Suite 203
 St. Louis, MO 63123
 brsg@brsg.org
 Fax: (314) 939-1555



Health Form for Volunteers

Volunteer Name _____ Male _____ Female _____
 Date of Birth _____
 Home Address _____
 City _____ State _____ Zip _____
 Home Telephone Number _____ Work Telephone Number _____
 Email Address _____
 Emergency Contact #1 _____ Telephone Number _____
 Emergency Contact #2 _____ Telephone Number _____

Insurance Information

Is the Volunteer covered by medical insurance? _____ yes _____ no (if “no”, please complete waiver on page 5)
 Name of Carrier _____
 Carrier Address _____
 Carrier Phone Number _____
 Name of Insured _____ Relation of Volunteer to Insured _____
 Plan Name, Group Number and Policy Number _____

Emergency Treatment Release

I hereby authorize the medical personnel chosen by Burns Recovered to secure and administer treatment for myself in the event of a medical emergency. This treatment may include, but may not be limited to transportation, x-rays, routine tests and other necessary treatments.

Volunteer Signature: _____ Date: _____

Health History

Date (month/year) of last Tetanus shot: _____

Please note: Tetanus shot must be current (within the past 10 years) to attend camp

List any allergies that you are known to have (Including food, medications, latex, etc.)

List any dietary restrictions that you are known to have (e.g., gluten-free, vegetarian, kosher, etc...)

Do you have any disabilities that might prevent you from accepting responsibility for the well-being of children? Yes No

If you answered “Yes”, do you have any specific suggestions as to how we can accommodate your disability?

Please list any physical or mental restrictions: _____

Do you take any medication that might interfere with or impair your ability to perform the essential functions of the position?

Yes No

(If “yes”, the Camp Nurse or First Responder will check-in with you prior to arrival of the campers).

I certify that the health history provided above is correct and complete as far as I know. I certify that I hereby give permission to the Camp Nurse or First Responder or other medical personnel selected by Burns Recovered/Midwest Children’s Burn Camp (MCBC) to obtain and administer any surgical and medical treatment, or hospitalization needed in the case of an emergency for myself.

Volunteer Signature: _____ Date: _____



VOLUNTEER WAIVER- NO HEALTH INSURANCE
(to be signed only if applicant does not have active health insurance coverage)

I, _____, do understand and agree that Burns Recovered and Midwest Children's Burn Camp (herein after, "Camp") will provide coverage and payment up to \$100,000 for medical treatment for injuries that occur at and during Camp. Camp will not pay for treatment for pre-existing conditions and injuries or pre-existing conditions that are exacerbated unrelated to activity at Camp.

I do not have any expectation that Camp will be responsible for or pay for treatment associated with pre-existing conditions. Camp agrees to provide an onsite Nurse or First Responder who will treat and transfer me, in accordance with standard practices of nursing care, for any pre-existing condition, as needed and in the nurse's or First Responder's judgment, but I hereby agree to assume all responsibility of the cost of transfer or treatment thereafter and agrees to indemnify and hold Camp, and its agents, employees, and volunteers harmless in the satisfaction of those bills.

I affirm that I not have health insurance coverage of any kind, public or private. However, if health insurance is obtained at any time before the end of the Camp session, I will notify Burns Recovered and Midwest Children's Burn Camp immediately.

I understand that I am only allowed to attend to Camp based on my agreement to the above terms and conditions. I may rescind this agreement at any time, in writing before the buses leave for Camp. I further understand that no promises have been made outside this agreement and that this document is the complete understanding of the agreement.

Name (Printed)

Signature

Witness

Date

Date