



Counselor Application 2023

Thank you for your interest in becoming a Counselor at Camp Wheez! Camp Wheez is a free day camp designed for children ages 6 – 12 with asthma. Counselors work alongside medical professionals and community volunteers to create a safe, fun camp environment and guide campers through a variety of activities. Counselors will learn about asthma and health, gain experience working with children and earn up to 30 community service hours.

If you are a former camper now in middle/junior high school, you can apply to become a Junior Counselor. This position is a great opportunity to continue being part of camp and gain experience toward being a Counselor in the future.

Camp Details

- Dates: Monday, July 31 – Friday, August 4, 2023
- Camp hours: 8:30 am – 12:30 pm
- Location: First Presbyterian Church of Santa Barbara – 21 E Constance Ave, Santa Barbara, CA 93105
- Counselors must bring their own lunch
- COVID-19 vaccination is required for all counselors – completion of primary series and at least one booster (if eligible)

Counselors must be available as follows:

- Orientation: Tuesday, July 18, 3:00 – 4:30 pm
- Camp: Monday, July 31 – Friday, August 4, 7:30 am – 1:00 pm (includes setup and breakdown time)

Applications are due by **July 10**. Be sure to fill it out completely and have your parent or guardian complete page 4. Please include a scan or photo of your vaccination card. If you are a returning counselor who volunteered in 2022, you do not need to submit your vaccination card. Applications can be submitted by:

Email: campwheez@sansumclinic.org

Mail: Sansum Clinic – Camp Wheez, PO BOX 1200, Santa Barbara, CA 93102-1200

Please contact us if you have questions. We hope you'll join us this summer!

Sincerely,

Youngmi An, Camp Director



Previous Work or Volunteer Experience	Start Date	End Date

References – List 2 references who are **not** relatives and who know your work habits

1. Name _____ Relationship to You _____
Phone _____ E-mail _____
2. Name _____ Relationship to You _____
Phone _____ E-mail _____

Emergency Contacts – List 2

1. Name _____ Relationship to You _____
Phone _____ Cell Phone _____
2. Name _____ Relationship to You _____
Phone _____ Cell Phone _____

All of the information provided in this application is true and accurate.

Signature Name (print) Date



Parent/Guardian Authorization and Consent

Dear Parent or Guardian,

Thank you for allowing your child to volunteer at Camp Wheez. Please initial and sign the authorizations below. Contact me if you have any questions or concerns.

Sincerely,

Youngmi An, Camp Director
campwheez@sansomclinic.org
(805) 681-1793

PARTICIPATION AND EMERGENCY TREATMENT WAIVER Initial here _____

In consideration for being allowed to participate in Camp Wheez, sponsored by Sansum Clinic and held July 31 through August 4, 2023, as parent/guardian I release the organization, its incorporators, physicians, board members, officers, employees, agents, independent contractors and volunteer workers from any liability for injuries which are sustained during the camp, including any necessary transportation. My child has permission to engage in all scheduled activities. I give permission to the camp physician to initiate and provide any necessary treatments, including transporting to the nearest certified emergency facility. If hospitalization or other treatment is required, my child is to be referred to an appropriate physician and all treatments will be at my expense.

PHOTOGRAPHY, VIDEO AND PROMOTIONAL RELEASE Initial here _____

I acknowledge and authorize Camp Wheez and Sansum Clinic to take and use photographs, video and written comments of or by my child for promotional and informational materials. I agree to release and discharge Camp Wheez and Sansum Clinic and its sponsors from any and all liability in connection with the use of such photographs, videos and written comments of or by my child.

I understand and agree to all of the above.

Print Name of Child _____

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____