

### **Counselor Application 2025**

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.

### **Camp Details**

- Dates: Monday, August 4<sup>th</sup> through Friday, August 8<sup>th</sup>, 2025
- Camp hours: 8:30 am 12:30 pm. Counselor working hours: 7:30 am 1:00 pm.
- Location: First Presbyterian Church of Santa Barbara
  21 E Constance Ave, Santa Barbara, CA 93105

#### Counselors must be available as follows:

- Zoom Interview: Wednesday, July 16<sup>th</sup> or Thursday, July 17<sup>th</sup> (First-time counselors only!)
- Orientation: Thursday, July 31st, 2:00 4:00 pm at First Presbyterian Church
- Daily: Monday, August 4<sup>th</sup> Friday, August 8<sup>th</sup>, 7:30 am 1:00 pm (includes setup and breakdown time)

Applications and guardian consent forms, are due by the end of day on Friday, July 4th.

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

Sincerely,

Sarah Williams, Camp Director

Sansum Clinic now part of Sutter Health Email: campwheez@sansumclinic.org Phone: (805) 681-7635, Ext. 1384

Mon-Fri: 9 am - 5 pm



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| Name  |                | Date of Birth  |                |                  |                       |                 |  |
|---|----------------|----------------|----------------|------------------|-----------------------|-----------------|--|
| Pronouns (circle)   | she/her        | he/him         | they/them      | other            |                       |                 |  |
| AddressStreet   |                |                |                | City             |                       | Zip             |  |
| Phone Number  |                |                |                | Circle one: Home |                       | Mobile          |  |
| Email Address   |                |                |                |                  |                       |                 |  |
| What school do you attend?                                    |                |                |                |                  | Grade in September    |                 |  |
| Do you have any food allergies or other dietary restrictions? |                |                |                |                  | No                    |                 |  |
| If yes, please list   |                |                |                |                  |                       |                 |  |
| Have you attended Camp Wheez as a camper?                     |                |                |                | Yes              | No                    |                 |  |
| Have you volunteered at Camp Wheez as a counselor?            |                |                |                | Yes              | No                    |                 |  |
| Do you have experience working with children?                 |                |                |                | Yes              | No                    |                 |  |
| If yes, explain   |                |                |                |                  |                       |                 |  |
| Do you have any ex  |                |                |                |                  |                       |                 |  |
| Why are you interes   | sted in volun  | teering at Cam | np Wheez?      |                  |                       |                 |  |
|   |                |                |                |                  |                       |                 |  |
| List your talents and   | d skills       |                |                |                  |                       |                 |  |
| Optional – Mark any   | v interests. V | Vhile we can't | guarantee role | s. we wil        | l do our bes          | st to take vour |  |
| preferences into acc  |                |                | J              | ,                |                       | ,               |  |
|   |                |                |                |                  | Campers (Ages 9 – 12) |                 |  |
|   | ,              |                |                |                  | Crafts                |                 |  |



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# Emergency Contacts - List 2 1. Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_ Cell Phone: \_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_ 2. Name: \_\_\_\_\_\_ Relationship to You: \_\_\_\_\_ Cell Phone: Alternate Phone: **Previous Work or Volunteer Experience (if applicable)** Start Date | End Date References – List 2 references who are <u>not</u> relatives and who know your work habits. 3. Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ 4. Name: \_\_\_\_\_\_ Relationship to You: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ All of the information provided in this application is true and accurate to the best of my knowledge. Signature Name (print) Date