



## 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 31<sup>st</sup>, 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 4<sup>th</sup>**.

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](mailto:campwheez@sansumclinic.org)  
Phone: (805) 681-7635, Ext. 1384  
Mon-Fri: 9 am - 5 pm





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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 not 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