



# OKIZU

Supporting Families with  
Childhood Cancer

83 Hamilton Drive Suite 200 Novato CA 94949 TEL 415.382.9083 FAX 415.382.8384 [www.okizu.org](http://www.okizu.org) [info@okizu.org](mailto:info@okizu.org)

January 2018

Dear Friend,

Thank you for your interest in the Dishie Program. Dishies play an important role in supporting every aspect of our programs from setting up each meal, serving ice cream on hot summer days, and filling in wherever you are needed.

In the summers, Okizu offers seven one-week sessions of camp for children with cancer and their siblings. We rely on volunteers to make every session of camp possible and believe very strongly that the most important element to the success of our programs is our hardworking and talented volunteer staff.

**The summer camp dates for 2018 are:**

Oncology Camp 1: June 11 – 17

SIBS Camp 3: July 9 – 15

SIBS Camp 1: June 18 – 24

SIBS Camp 4: July 16 – 22

SIBS Camp 2: June 25 – July 1

Oncology Camp 2: July 23 – 29

Oncology Camp 3: July 30 – August 5

Please remember that you must be available for all of the dates of the session you choose. All sessions take place at Camp Okizu located in Berry Creek, California. Berry Creek is in the Sierra foothills, 70 miles north of Sacramento.

Enclosed is an application for the Dishie program, a Brag Sheet and two reference forms. Please have the reference forms completed by a boss, coach, teacher, etc. and mail them or have them mailed to the Okizu office. **Please DO NOT have the reference forms completed by a member of your family including your parents, grandparents, aunts, uncles, or cousins.** Please mail your completed application to the Okizu office at 83 Hamilton Drive, Suite 200, Novato, CA 94949.

**Applications and reference forms are also available online. Visit [www.okizu.org/apply](http://www.okizu.org/apply) to apply.**

Once we have received your completed application, Brag Sheet, and 2 references forms from non-family members, your application will be considered complete. All completed Dishie Applications must be submitted by Sunday, April 1, 2018 to be considered for an interview. During the month of April, we will email you to set up a short phone interview. After the interview, you will move into the selection process and be notified by email in the month of May of acceptance.

Some important things to know about the Dishie Program:

- A completed Dishie Application is due by Sunday, April 1, 2018;
- Dishies must be 16 or 17 to volunteer;
- Volunteer commitment is from Monday to Sunday; and
- Option to ride the bus to and from camp.

Please read through the enclosed information and application and return your completed application as soon as possible. If you have any questions, please email [becca@okizu.org](mailto:becca@okizu.org) or call the Okizu office at 415.382.9083.

Thank you so much for your interest the Dishie Program. We are grateful for your offer to help.

Becca Horton  
Director of Volunteer Sustainability  
[becca@okizu.org](mailto:becca@okizu.org)



## Okizu Dishie Program Minimum Qualifications, Essential Functions, and General Responsibilities 2018

**POSITION:** Dishie

### **MINIMUM QUALIFICATIONS AND ESSENTIAL FUNCTIONS:**

- Must be 16 or 17-years-old.
- Must be able to present a certificate of good health. A form will be provided upon acceptance.
- Must be able to put the kids first and uphold the Okizu philosophy at all times.
- Must understand and demonstrate the values of responsibility, honesty, caring, and respect.
- Must be dependable and reliable.
- Must be flexible and willing to help where needed.
- Must have the ability to work independently and in a team setting.
- Must have the ability to problem solve.
- Must be able to focus on duties and tasks, especially when working with machines, equipment, or chemicals.
- Must possess strong communication skills, oral and listening.
- Must have the ability to accept supervision, guidance, and feedback.
- Must have the desire and ability to work with children in a recreational setting and to put their needs first.
- Must be a positive member of a staff team and a positive role model for youth.
- Ability to communicate and work with groups and provide necessary guidance to campers.
- Visual, auditory, cognitive, and physical ability to assist campers in an emergency situation.
- Must possess strength and endurance. For example, must be able to lift and carry up to 25 pounds, and able to walk a minimum of three miles daily on uneven terrain.
- Must be able to work in a busy dish room, includes maneuvering and carrying dish bins on an uneven, sometimes slippery surface, etc.

### **GENERAL RESPONSIBILITIES:**

- Seven day commitment.
- Be on time for and complete shifts.
- Wash dishes after each meal.
  - Use a dish washing machine.
  - Occasionally hand scrub pots and pans.
  - Wash, dry, stack, and put away dishes after each meal.
- Count dishes out and help to set tables before each meal.
- Help serve meals.
- Distribute snacks during Special Interest classes.
- Help cabin groups make ice cream in the afternoons.
- Assist the Program Director as needed.

**APPLICATION PROCESS:** Application; a Brag Sheet with questions that applicants need to answer about themselves; reference forms that need to be filled out by a boss, teacher, etc.; and a phone interview.

**TRANSPORTATION:** Dishies arrive and depart when the campers do, and may ride the bus to and from camp.

**FYI:** Being a Dishie is not like being a camper. Dishies have certain freedoms that campers do not have. With these freedoms come greater responsibilities and certain limitations in camper activities.

**2018 DATES:** We need volunteers for all seven weeks of camp for the Dishie Program.



# Okizu Dishie Program Application 2018

Applications are also available online. Visit [www.okizu.org/apply](http://www.okizu.org/apply) to apply.  
If you have any questions, please contact Becca at [Becca@okizu.org](mailto:Becca@okizu.org).

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

I will be at this address until: \_\_\_\_\_ Email: \_\_\_\_\_  
Please include an email address that you check regularly

Permanent Address: \_\_\_\_\_  
Street City State Zip

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

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_

Gender: \_\_\_\_\_ Will you be 16-years-old or older during the time you volunteer? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_  
If yes, please attach explanation

Have you ever been a camper at Okizu? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever been a Junior Volunteer and/or Dishie at Okizu? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever applied for a position at Okizu? \_\_\_\_\_ If yes, when? \_\_\_\_\_

How did you hear about Okizu? Please be as specific as possible. \_\_\_\_\_

At Camp Okizu, use of your cell phone and other electronics will be limited to your time off. Does this pose any issues for you? If yes, please be prepared to discuss this in your phone interview.

\_\_\_\_\_ No, this will not be an issue for me. \_\_\_\_\_ Yes, this may be an issue for me; let's discuss it in my interview.

**REFERENCES** We need two references from each applicant. Please take the two enclosed forms and have them filled out and mailed to Okizu. Family members or fellow campers cannot fill out the reference forms.

**BRAG SHEET** Attached to this application is a Dishie Program Brag Sheet. The Brag Sheet is a chance for you to tell us a little about yourself. It is also your chance to tell us about your experience at camps and your experience working with kids. Please fill out the Brag Sheet and mail it, with your completed application, to the Okizu office.

Indicate the session(s) for which you would like to volunteer. Please remember that you must be available for all of the dates of the session(s) you choose:

_____ Oncology Camp 1: June 11 – 17	_____ SIBS Camp 3: July 9 – 15
_____ SIBS Camp 1: June 18 – 24	_____ SIBS Camp 4: July 16 – 22
_____ SIBS Camp 2: June 25 – July 1	_____ Oncology Camp 2: July 23 – 29
	_____ Oncology Camp 3: July 30 – August 5

**EDUCATION** Highest grade or degree completed.

High School

Date completed

**EMPLOYMENT HISTORY** Please list your two most recent employers. Please include position, employer, supervisor, dates worked, address, phone number, and email address.

1. \_\_\_\_\_

Position	Employer	Supervisor	Dates Worked
Employer's Address	Supervisor's Phone Number	Supervisor's Email Address	

2. \_\_\_\_\_

Position	Employer	Supervisor	Dates Worked
Employer's Address	Supervisor's Phone Number	Supervisor's Email Address	

**VOLUNTEER HISTORY** Please list your two most recent volunteer positions. Please include organization, supervisor, dates volunteered, address, phone number, and email address.

1. \_\_\_\_\_

Organization	Supervisor	Dates Volunteered
Organization's Address	Supervisor's Phone Number	Supervisor's Email Address

2. \_\_\_\_\_

Organization	Supervisor	Dates Volunteered
Organization's Address	Supervisor's Phone Number	Supervisor's Email Address

**Please carefully read and sign the following volunteer agreement:**

- I have read and understand the Okizu Dishie Program Responsibilities, Qualifications and Essential Functions.
- I have not been charged with or convicted of any violent or sexual crimes involving children or adults.
- I have never been adjudged liable for civil penalties or damages involving physical or sexual abuse of children.
- I am not subject to any court order involving physical or sexual abuse of children.
- I hereby authorize you to contact my references.
- I agree to present a certificate of good health and physical condition before my starting date as a staff member.
- If selected for a position, I would accept the Okizu philosophy and strive to carry out a program within that framework.
- I agree to make every effort to build the self-esteem of every camper at Camp Okizu and not take any action that would make any children feel badly about themselves.
- I agree not to post or email any photos of minors taken at Camp Okizu.

I understand that making any false statements on this application will be sufficient cause for discharge. I understand that this is an application only and not a guarantee of a position.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Please mail or fax your completed application to:**  
**Okizu, 83 Hamilton Drive, Suite 200, Novato, CA 94949 TEL 415.382.9083 FAX 415.382.8384 [www.okizu.org](http://www.okizu.org)**



# Okizu Dishie Program Brag Sheet 2018

1. Why do you want to volunteer at Camp Okizu?
2. What contribution can you make to the children at camp?
3. Describe the experience(s) you've had working with children.
4. What are your hobbies/interests?
5. Have you volunteered anywhere before? If yes, please tell us about it.
6. Have you taken any leadership classes?
7. Have you ever attended Camp Okizu or another summer camp? If yes, where and for how long?

**Please mail or fax your completed application and brag sheet to:  
Okizu Dishie Program, 83 Hamilton Drive, Suite 200, Novato, CA 94949 TEL 415.382.9083 FAX 415.382.8384**





# Okizu Reference Packet

Thank you for considering volunteering at Camp Okizu. Enclosed in this packet, please find two Camp Okizu Reference Forms. Please have the reference forms completed by a supervisor, co-worker, coach, teacher, mentor, neighbor, people you babysit, etc. Please DO NOT have the reference forms completed by a member of your family, including your parents, grandparents, aunt, uncle, or cousin.

**Please have the reference forms completed as soon as possible. Please mail or fax the completed forms to:**

**Okizu  
83 Hamilton Drive, Suite 200  
Novato, CA 94949  
TEL 415.382.9083  
FAX 415.382.8384**

Once you have submitted your Dishie Application, Brag Sheet, and two completed reference forms from a non-family member, then your application will be considered complete. All completed Dishie Applications must be submitted by Sunday, April 1, 2018 to be considered for an interview. During the month of April, we will email you to set up a short phone interview. After the interview, you will move into the selection process and be notified by email in the month of May of acceptance.



# Okizu Under-18 Program Reference Form 2018

Dear Friend,

Applicant's Name: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

The above named applicant has given your name as a reference in applying for a position at our residential summer camp for families affected by childhood cancer. Resident camping is a 24-hour-day, live-in responsibility; therefore it is important that camp staff enjoy and understand children, work well with other adults and have a real love of outdoor living.

**As summer camp leadership, our task of selecting the right staff for such important positions is difficult and we appreciate your analyzing, as carefully as possible, the above applicant. Your statements will be considered confidential. As further action depends on your response, please respond within five business days. Thank you for your consideration.**

1. How long and in what capacity have you known the applicant? Please be specific. \_\_\_\_\_

\_\_\_\_\_

2. In your opinion, is the applicant mature enough to:

a. Be responsible for children in a camp setting? \_\_\_\_\_

b. Guide campers to cooperate and get along with their cabin mates? \_\_\_\_\_

c. Get along with co-workers under close living conditions? \_\_\_\_\_

d. Assume responsibility for carrying out delegated duties? \_\_\_\_\_

e. Accept on-going guidance and supervision? \_\_\_\_\_

f. Act calmly and responsibly in emergency situations? \_\_\_\_\_

g. Live and work in an outdoor setting? \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

3. Is the applicant capable of motivating children and stimulating their interests? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments \_\_\_\_\_

\_\_\_\_\_



Applicant's Name \_\_\_\_\_

4. Okizu accepts children and staff from all ethnicities, genders, families, religions, and cultures. Do you know of, or see any reason, this would be a problem for the applicant while working with children and staff? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. To your knowledge, has the applicant been convicted of any crimes? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. If you have or had children, would you trust the applicant to be their camp counselor? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Please mark the statements that best describe this applicant:

a. \_\_\_\_\_ Almost always seems happy

j. \_\_\_\_\_ Gets along with people of all types

b. \_\_\_\_\_ Accepts suggestions and corrections

k. \_\_\_\_\_ Seems to have self-confidence

c. \_\_\_\_\_ Is adaptable to new situations

l. \_\_\_\_\_ Is tolerant of others' ideas

d. \_\_\_\_\_ Takes initiative

m. \_\_\_\_\_ Has genuine interest in people

e. \_\_\_\_\_ Is often moody and depressed

n. \_\_\_\_\_ Tends to be difficult

f. \_\_\_\_\_ Seems to be self-centered

o. \_\_\_\_\_ Does not make good first impressions but wears well

g. \_\_\_\_\_ Gets angry easily, loses temper

p. \_\_\_\_\_ Feels that supervisors are unduly critical

h. \_\_\_\_\_ Seems to lack self-confidence

q. \_\_\_\_\_ Finds change difficult

i. \_\_\_\_\_ Seems to enjoy dissension

8. How would you rate the applicant as a potential camp staff member?

\_\_\_\_\_ Exceptionally Strong \_\_\_\_\_ Strong \_\_\_\_\_ Average \_\_\_\_\_ Below Average

9. Would you feel comfortable knowing that the applicant was your child's camp counselor?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Questionable

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Name \_\_\_\_\_ Your Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

**Please mail or fax your completed reference form to:**

**Okizu, 83 Hamilton Drive, Suite 200, Novato, CA 94949 TEL 415.382.9083 FAX 415.382.8384 [www.okizu.org](http://www.okizu.org)**



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- d. Assume responsibility for carrying out delegated duties? \_\_\_\_\_
- e. Accept on-going guidance and supervision? \_\_\_\_\_
- f. Act calmly and responsibly in emergency situations? \_\_\_\_\_
- g. Live and work in an outdoor setting? \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Questionable

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Name \_\_\_\_\_ Your Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

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