



83 Hamilton Drive, Suite 200, Novato, CA 94949 TEL 415.382.9083 FAX 415.382.8384 www.okizu.org info@okizu.org

January 2018

Dear Friend,

In the summers, Okizu offers seven one-week sessions of camp for children with cancer and their siblings. In the spring and fall, we offer nine weekend-long Family Camps, four Teens-N-Twenties weekends, and two weekends specifically for bereaved teenagers. 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. All sessions of camp take place at our permanent home in Berry Creek, California, 70 miles north of Sacramento.

Included in this packet is an application for Family Camp and for Summer Camp, which includes SIBS (Special and Important Brothers and Sisters) Camp and Oncology Camp.

Family Camp is open to all Northern California families who have or have had a child with cancer. It is a chance to get away for a few days with other families who share similar circumstances. All Family Camps will run from Friday evening to Monday morning. For Family Camps 2, 3, 5, 6, and 9, the staff time commitment is Friday evening through Sunday after dinner and staff are encouraged to stay through Monday morning if they are available. For Family Camps 4 and 7 (Memorial Day and Labor Day), the staff time commitment is Friday evening through Monday morning. Please pay close attention to the staff time commitment outlined in the application.

At summer camp, volunteers work with the kids 24 hours a day, taking care of their needs and ensuring that they have an amazing week at camp. Volunteering at SIBS and/or Oncology Camp is a nine-day commitment; volunteers spend two days in staff training and seven days with the campers.

Please see the New Staff Application for Family Camp and Summer Camp dates. If you are interested in volunteering, please complete the New Staff Application process, which includes the following steps. **Applications are also available on online. Visit www.okizu.org/apply to apply.**

1. Read the Okizu Volunteer Staff Minimum Qualifications and Essential Functions, fill out the New Staff Application and return the application to the Okizu office at the address listed above. The application includes the Voluntary Disclosure Form. **Applications are also available on online. Visit www.okizu.org/apply to apply.**
2. Have three Okizu Reference Forms completed and returned to the Okizu office. Please DO NOT have the reference forms completed by a member of your family, including grandparents, aunt, uncle, etc...
3. Once we have received your application and reference forms, we will contact you to set up a phone interview.

Thank you for your interest in our programs. Please call us at the Okizu office if you have any questions.

Becca Horton
Director of Volunteer Sustainability
becca@okizu.org

Okizu Volunteer Staff Minimum Qualifications and General Responsibilities 2018

Okizu Volunteer Staff Minimum Qualifications

- o Desire and ability to work with children outdoors.
- o Ability to be a positive member of a staff team.
- o Ability to accept supervision and guidance.
- o Good character, integrity and adaptability.
- o Must be at least 18 years of age.

Okizu Volunteer General Responsibilities

- o To identify and meet camper needs.
- o To monitor the safety of each camper assigned.
- o To carry out camp programs.

Family Camp Volunteer

Essential Functions

- o Ability to communicate and work with groups and provide necessary guidance to campers.
- o Ability to observe camper behavior, assess its appropriateness, enforce appropriate safety regulations and emergency procedures, and apply appropriate behavior-management techniques.
- o Visual and auditory ability to identify and respond to environmental conditions and any hazards.
- o Must possess strength and endurance. For example, must be able to lift and carry up to 25lbs and walk a minimum of three miles daily on uneven terrain. Must be able to meet the physical and cognitive requirements of being responsible for minors in an outdoor living situation.

Cabin Counselor

Additional General Responsibilities

- o To be responsible, 24 hours a day, for children in a camp setting.
- o To monitor the daily health of each camper assigned.

Essential Functions

- o Ability to communicate and work with groups and provide necessary guidance to campers.
- o Ability to observe camper behavior, assess its appropriateness, enforce appropriate safety regulations and emergency procedures, and apply appropriate behavior-management techniques.
- o Visual and auditory ability to identify and respond to environmental conditions and any hazards.
- o Must possess strength and endurance. For example, must be able to lift and carry up to 25lbs, and able to walk a minimum of three miles daily on uneven terrain. Must be able to meet the physical and cognitive requirements of being responsible for minors in an outdoor living situation.

Activity Counselor (Lifeguard, Archery, Ropes Course, Arts & Crafts)

Additional General Responsibilities

- o To teach and help coordinate camp programs.
- o To help maintain standards that lead to quality programs.

Essential Functions

- o Ability to communicate and train staff and campers in safety regulations and emergency procedures.
- o Visual and auditory ability to identify and respond to environmental conditions and any hazards.
- o Ability to communicate and work with groups and provide necessary instruction to campers and/or staff.
- o Ability to observe camper behavior, assess its appropriateness, enforce appropriate safety regulations and emergency procedures, and apply appropriate behavior-management techniques.
- o Cognitive and communication abilities to plan and conduct the activities to achieve camper development objectives.
- o Must possess strength and endurance. For example, must be able to lift and carry a minimum of 25 pounds and walk a minimum of three miles daily on uneven terrain. Must be able to meet the physical and cognitive requirements of being responsible for minors in an outdoor living situation.



Okizu New Staff Application 2018

Applications are also available online. Visit www.okizu.org/apply to apply.
If you have any questions, please contact Becca at becca@okizu.org.

Name: _____ Birthdate: _____

Current address: _____
Street City, State, Zip

County: _____

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

Permanent address: _____
Street City, State, Zip

County: _____

Cell phone number: (____) _____ Alt. phone number: (____) _____

Social security number: _____ Driver's license number: _____ State: _____ Exp: ____/____

Gender: _____ Will you be 18 by the time you volunteer? _____ Will you be 23 by the time you volunteer? _____

Have you been convicted of a felony? _____
If yes, please attach explanation

Have you been a California resident for the past 12 months? _____ If not, in what state did you reside? _____

Have you ever been a Junior Counselor/TLC/JVC/Dishie at Okizu? _____ If so, when? _____

Have you ever applied for a position at Okizu? _____ If so, when? _____

Do you speak Spanish? _____ If yes, how fluent are you? _____

Have you or one of your children ever had cancer? (If yes, what type, when, and are you/your child currently in treatment?) _____

EDUCATION:

High School _____ Year completed

College/University _____ Major _____ Year completed

College/University _____ Major _____ Year completed

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

1. _____
Employer Position Supervisor Dates Worked

Employer's Address Supervisor's Phone Number Supervisor's Email Address

2. _____
Employer Position 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

Being a volunteer at summer camp requires you to commit 24 hours a day to the campers. This often means that you will have little time to deal with personal needs (exercise needs, special dietary needs, health needs, etc.) 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.

At Camp Okizu, use of your cell phone and other electronics will be limited to your time off – two nights per week and one hour every day. 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.

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.

2018 Summer Camp Dates

- | | |
|--|--|
| <input type="checkbox"/> Oncology Camp 1: June 9 – 17 | <input type="checkbox"/> SIBS Camp 3: July 7 – 15 |
| <input type="checkbox"/> SIBS Camp 1: June 16 – 24 | <input type="checkbox"/> SIBS Camp 4: July 14 – 22 |
| <input type="checkbox"/> SIBS Camp 2: June 23 – July 1 | <input type="checkbox"/> Oncology Camp 2: July 21 – 29 |
| | <input type="checkbox"/> Oncology Camp 3: July 28 – August 5 |

2018 Family Camp Dates

- | | |
|---|---|
| <input type="checkbox"/> Family Camp 1: April 20 – 23** | <input type="checkbox"/> Family Camp 6: August 17 – 20 |
| <input type="checkbox"/> Family Camp 2: May 4 – May 7 | <input type="checkbox"/> Family Camp 7: August 31 – September 3 (Labor Day) |
| <input type="checkbox"/> Family Camp 3: May 18 – 21* | <input type="checkbox"/> Family Camp 8: September 14 – 17** |
| <input type="checkbox"/> Family Camp 4: May 25 – 28 | <input type="checkbox"/> Family Camp 9: September 21 – 24 |
| <input type="checkbox"/> Family Camp 5: August 10 – 13* | |

2018 Family Camp Weekend-Specific Notes and Time Commitment Information for Staff

* Family Camps 3 and will include additional resources for Spanish-speaking families. If you speak Spanish, please consider volunteering at this weekend.

** Family Camps 1 and 8 are specifically for bereaved families; we do not accept new staff members at these weekends.

-Family Camps 2, 3, 5, 6, and 9: In order to give families a longer time at camp, we have added an extra day and night to these Family Camps and families will have the option of staying at camp through Monday after breakfast. The staff time commitment is Friday evening through Sunday after dinner. Staff are encouraged to stay through Monday morning if they are available.

-Family Camps 4 and 7: On Memorial Day and Labor Day, most families will stay through Monday morning. The staff time commitment is Friday evening through Monday morning.

In an effort to get you to start thinking about the job you are applying to do and about putting the kids first, please answer the following questions on a separate sheet of paper and send it in with your completed application:

1. Why do you want to volunteer at Camp Okizu?
2. What is the value of a camp experience for children?
3. What contribution can you make to the children at camp?
4. Describe the experience(s) you've had working with children.

How did you hear about Okizu? Please be as specific as possible. This will help us a great deal with future recruiting efforts!

- Friend: _____
- Family: _____
- Co-Worker: _____
- I am a Former Camper: _____
- School Event: _____
- School Organization: _____
- School Professor: _____
- Online: _____
- Other: _____

LIST ANY RED CROSS CERTIFICATES OR EQUIVALENT

First Aid: _____ Expiration Date _____ CPR: _____ Expiration Date _____ Lifeguard training: _____ Expiration Date _____

Please carefully read and sign the following volunteer agreement:

- I have read and understand the Okizu Volunteer Staff Minimum Qualifications.
- 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.
- Upon being selected as a volunteer staff member, I will agree to be fingerprinted for a data collection of criminal records.
- Upon being selected as a staff member, I agree to complete a voluntary disclosure statement and authorize Okizu to do a background check.
- 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 will be happy to be assigned to work with any age group or to any support staff position needed to help Camp Okizu.
- I agree not to post or email any photos of minors taken at Camp Okizu.
- I authorize the taking of pictures and/or videos of me during my time at camp and consent to the use of any or all pictures in publication media.

I understand that making any false statements on this application will be sufficient cause for discharge. I understand that this is an application 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



Staff Emergency Contact and Basic Care Information 2018

Your Full Name: _____

Camp Name: _____

Emergency Contact Information

In case of emergency, please list 2 people we could contact (who are not at camp):

Contact 1:

Full name: _____ Relationship: _____

Cell #: (_____) _____ Home/Work #: (_____) _____

Contact 2:

Full name: _____ Relationship: _____

Cell #: (_____) _____ Home/Work #: (_____) _____

Basic Care Information

Please inform us of any allergies or health conditions, mental or physical, that will require treatment, restriction or other accommodations while you are at Camp Okizu. Please also list all medications you are currently taking.

Voluntary Disclosure Statement
All Camp Staff FM 16
Developed and approved by the
american **CAMP** association®

Mail this form to the address below by _____ (date)

Name _____ Birth date _____
Last First Middle

Home address _____
Street Address City State Zip

Social Security # _____ Other names by which known (e.g., maiden name) _____

Home phone _____ Business phone (if applicable) _____

Cell phone (optional) _____ E-mail address (optional) _____

School or College _____

Address _____
Street Address City State Zip

Driver's License # _____ State _____ Expiration Date _____

1. Previous residence(s) for last five years (include college and home residences):
- City _____ State _____ Years _____
- City _____ State _____ Years _____
- City _____ State _____ Years _____
- City _____ State _____ Years _____

(Continue on separate sheet, if necessary.)

2. Have you ever been arrested and/or charged with a crime? (This includes all arrest and charges whether or not they were dismissed, deemed nolle prosequi, deferred adjudication, or found not guilty.) Yes No

3. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? Yes No

If yes, please explain: (Use a separate sheet, if necessary.)

4. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below? Yes No

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes.

If yes, please explain: (Use a separate sheet, if necessary.)

5. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? Yes No

If yes, please explain: (Use a separate sheet, if necessary.)

6. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection? Yes No

If yes, please explain: (Use a separate sheet, if necessary.)

7. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? Yes No

If yes, please explain:

I understand that:

- a) The camp may deny employment to any person who answers "yes" to any one of questions 2-7. If hired and the employer later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment may be terminated immediately.
- b) The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers. (A separate release form may be required)
- c) The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
 - 1) have a history of complaints of abuse of a minor;
 - 2) have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
 - 3) have falsified or omitted information in this disclosure statement.
- d) This disclosure statement must be updated yearly and immediate notification provided to the camp if any information provided changes.

Signature _____ Date _____

Signature of Minor's Parent or Guardian _____ Date _____

SIBLINGS CAMP NEEDS YOU!!

“Why do siblings of cancer patients need special attention when they don't have cancer?”

Okizu is looking for caring, enthusiastic volunteers to fill counselor positions at our summer camp for the siblings of childhood cancer patients. These SIBS (Special and Important Brothers and Sisters) are a unique group and very much in need of their own programs and very deserving of your time and energy. Why do siblings need their own camp when they don't have cancer? The question itself exemplifies the problem – because they are healthy we assume that they don't have needs. The following excerpt from Cancer Nursing helps to explain some of the difficulties that siblings face and why they need their own programs. **In light of the complexity of the siblings programs, I urge you to read the whole article before deciding which of our programs you would like to apply for.**

Impact on Siblings

This information was taken from the article “Childhood Cancer: Meeting the Special Needs of Healthy Siblings” in Cancer Nursing, written by Robin Kramer, R.N., M.S., P.N.P., and Ida Marie More, R.N., M.A.

“The diagnosis of childhood cancer represents a situational crisis suddenly imposed upon the family... Family life begins to revolve around the sick child whose needs demand enormous amounts of parental nurturance, time and energy. The preoccupation with the sick child limits the parents ability to attend to and support the needs of the healthy children in the family. **In fact, research studies have suggested the healthy siblings experience stress similar to that of the ill child, which is of equal or greater intensity.**

One of the most disruptive and stressful consequences the healthy siblings face is the frequent family separation caused by repeated hospitalizations and trips to the medical center for treatment. The well children find themselves pushed to the background, often staying at the homes of family and friends. Long distances and strict hospital rules may interfere with visitation. Because of their less integral role, the healthy siblings experience feelings of isolation and find it difficult to keep informed about the child's condition. **More often than not, they are confused and anxious about the cause of the illness, inventing private versions laced with misconceptions or magical thinking.** Fears abound about their own illness vulnerability wondering for example, if cancer is contagious.

Studies have found that the healthy children experience drastic changes in their relationship with parents and the ill sibling. A shift in family dynamics occurs typically with the sick child becoming the focus of parental attention and concerns. The preoccupation results in the well children complaining about diminished parental physical and emotional availability. Also, the ill child receives preferential treatment, with parents tending to be more lenient in discipline as well as overindulgent and overprotective. Consequently, sibling rivalry intensifies with the healthy siblings feeling jealous and resentful of this inequitable treatment. However, they are reticent about confronting their parents. This reluctance has been postulated to stem from insecurity about the precarious position in the family, fearing that complaining may worsen the situation. The healthy siblings are also reported to feel ashamed of these negative feelings, expressing guilt for being the “healthy one” which itself denies the right to complain. **These internalized feelings of shame and guilt can be tormenting especially when intensified by fears of the ill child's possible death.**

The healthy siblings also report that the illness strains relationships with their classmates. Initially, friends, not knowing what to say or fearing that cancer is contagious often make themselves scarce. Out of fear and ignorance insensitive teasing can occur which intensifies feelings of isolation. The well children may even alienate themselves from friends because of temporary changes in their own personality such as moodiness and depression. It is unfortunate that at a time when family support is unavailable the usual camaraderie and emotional exchange provide by peers is also lacking. Clearly, the healthy siblings of cancer patients have a unique set of problems with which they must cope.”

**Questions about Okizu's SIBS Programs? Email becca@okizu.org or contact us at:
Okizu, 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 three Camp Okizu Reference Forms. Please have the reference forms completed by a supervisor, co-worker, coach, instructor, 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. Mail or fax the completed forms to:

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

Reference forms are also available online at www.okizu.org/NewStaffReference.

Once you have submitted your New Staff Application and three completed reference forms, we will contact you regarding an interview. If you do not hear from us in a reasonable amount of time, please call the Okizu office at 415.382.9083.

Also in this packet, please find further information regarding our SIBS Camp programs. If you have any questions about our SIBS programs, please do not hesitate to contact Becca at the Okizu office at by email becca@okizu.org or phone 415.382.9083.



Okizu Volunteer Staff Reference Form 2018

Applicant's Name: _____

Applicant's Email Address: _____

This reference form is also available online at www.okizu.org/NewStaffReference.

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. If you have any questions, please contact Becca at Becca@okizu.org.

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**



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