

December 2007

(Insert address)

Dear (Insert Name):

Thank you for expressing interest in serving as a volunteer companion/counselor for the Adventurers camp session. This camp serves campers with developmental and/or physical disabilities and is one of the long-term ministries of Trinity Center and the Diocese of East Carolina. Enclosed is an application to serve as a Volunteer Companion/Counselor.

A person who wishes to serve must be at least 16 years of age and/or be at least a rising 10th grader or older. A training session will begin with supper on Thursday, July 10th at 6:00 p.m. and continue until campers begin arriving on Friday afternoon, July 6th, at 3:00 p.m. Camp will end on Tuesday, July 15th, after lunch. Attendance at the training session and for the full camp is required.

Volunteer Companions/Counselors will be assigned to work with one or more campers. We will have campers who have developmental disabilities such as muscular dystrophy, cerebral palsy, multiple sclerosis, downs syndrome; we will also have campers who are in wheelchairs. Campers will range in age from pre-teen to senior citizen.

Please return your application by the end of March. Volunteers will be confirmed in April.

I have also included an application to staff either the Fall Conference for Jr. High or the Winter Conference for Sr. High. These are new conferences at Trinity Center under my direction, and I am excited to begin envisioning how we might draw children to these events. Feel free to apply for either conference or for both. Each conference will have a coordinator who will choose and notify staff by Sept. 30, 2008. Finally, staff will be responsible for transportation to and from the conference, but room and board for the conference will be covered.

As many of you know, Mary Beth Gay will be taking over as the Director of Camp Trinity in early January. If you have any questions, please contact us at (888) 874-6287 or camptrinity@trinityctr.com. We look forward to hearing from you. Thanks again.

Sincerely,

Penn Perry
Executive Director, Trinity Center

**2008 CAMP TRINITY
VOLUNTEER COMPANION APPLICATION**

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: _____
EMAIL ADDRESS: _____

CHURCH: _____
HIGH SCHOOL GRADE OR COLLEGE YEAR ENTERING IN FALL OF 2008: _____
AGE: _____

PARENT/FAMILY MEMBER TO CONTACT IN CASE OF AN EMERGENCY

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: (Day) _____ (Night) _____ (Cell) _____
EMAIL ADDRESS: _____

HAVE YOU BEEN A CAMPER/VOLUNTEER/CIT AT CAMP TRINITY OR ANOTHER CAMP BEFORE? IF YES, WHAT CAMP AND WHAT YEAR? _____

Have you worked with the Camp for persons with developmental problems or disabilities?

List year(s) _____ Any other camp? _____

EXPERIENCE WITH CHILDREN:

I have _____ younger brother(s), age(s) _____
and/or _____ younger sister(s) age(s) _____

List experience in providing care:

How comfortable do you think you will be as a companion to older persons (20-45) with developmental problems and physical disabilities?

Have you ever lived or worked with persons with developmental problems or physical disabilities? If yes, please explain:

Have you served at a summer camp for persons with disabilities?
Where? _____

Please give some reasons why you want to be a
Companion/Counselor. _____

GENERAL SKILLS: List experience or training in a specific field that you think would be helpful in working with persons with developmental problems or disabilities: _____

SPECIFIC SKILLS OR INTERESTS: Please indicate areas in which you have ability, knowledge, or a high degree of interest and ability.

Swimming_____ Sailing_____ Dance_____ Drama_____ Music_____ WSI_____ Public Reading_____

Arts & Crafts_____ Fishing_____ Life Saving_____ Instruments_____: I Play_____

Nature_____ Storytelling_____

Other(s):_____

NO DRUGS, ALCOHOL, OR FIREARMS ARE PERMITTED AT TRINITY CENTER. I WILL ABIDE BY THIS POLICY AND ALL OTHER RULES AS STATED BY THE SESSION DIRECTORS. I UNDERSTAND THAT I WILL HAVE PRIMARY RESPONSIBILITY FOR ONE OR MORE CAMPERS 24-HOURS-A-DAY FOR THE FULL CAMP SESSION.

Applicant's Signature

Priest's Signature

(Indicates a recommendation of this applicant)

ALL WHO ARE SELECTED TO BE VOLUNTEERS WILL BE AT LEAST 16 YEARS OLD OR HAVE COMPLETED THE 10TH GRADE. THERE IS NO FEE FOR VOLUNTEERS WORKING AT THIS CAMP SESSION.

DEADLINE FOR APPLICATIONS - MARCH 31, 2008.

FOR QUESTIONS CONTACT:

Mary Beth Gay
Director, Camp Trinity
P.O. Drawer 380
Salter Path, NC 28575
252-247-5600

APPLICANT WILL BE NOTIFIED IN APRIL IF ACCEPTED TO SERVE ON STAFF.