



# CAMP WOODBROOKE

Simple Living Close to Nature

Richland Center, Wisconsin

## 2019 New Helper Application

Helpers are young people, 16-18 years old, who volunteer to help with the life of the camp in exchange for the privilege of being at Camp Woodbrooke and learning valuable skills. Helpers work closely with children, peers, and adults, gaining leadership and cooperative skills while having opportunities to positively impact others. Helpers participate in the life of camp and have extra responsibilities that include assisting in the kitchen with meal preparations, assisting with dining room and kitchen cleanup and dish washing, and assisting with general camp maintenance. **Undertaking these responsibilities requires helpers to commit to:**

- working positively and cooperatively with others of all ages
- acting as a positive role model for younger campers
- being tobacco, alcohol, drug, and substance free
- following through on assigned responsibilities
- being on time
- keeping personal belongings and camp supplies/equipment clean and in order
- taking care of personal health and wellness needs (including going to bed on time)

Unless you are able to commit to all of these things, it would be best not to apply.

Helper applicants should complete pages 1 and 2, and then review the entire application with their parents/guardians who should complete page 3. Then we prefer the applications to be emailed back to us at [office@campwoodbrooke.org](mailto:office@campwoodbrooke.org)

### Helper Information:

Gender \_\_\_\_\_

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Present grade (18-19) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Email \_\_\_\_\_

Name of School \_\_\_\_\_ Do you check email regularly? \_\_\_\_\_

Siblings (At home & camp - Names & Ages) \_\_\_\_\_

Monthly Meeting or other religious affiliation \_\_\_\_\_

Previous years at Camp Woodbrooke? \_\_\_\_\_

### Please indicate which session you would like to be a helper:

1<sup>st</sup> Choice      2<sup>nd</sup> Choice

- H1 June 16 – June 22
- H2 June 23 – July 6
- H3 July 7 – July 13
- H4 July 14 – July 27
- H5 July 28 – August 3

### Please list two people (not peers or relatives) who know you and have seen you with children.

Name	Home Phone	Cell Phone	Email	Connection to You

Have these people given their consent to be references?      Yes      No

**2019 New Helper Application**  
*Please feel free to add extra pages if you wish.*

Name \_\_\_\_\_

Why do you want to participate in the helper program at Camp Woodbrooke?

\_\_\_\_\_

What do you hope to learn? \_\_\_\_\_

\_\_\_\_\_

Describe your interest in and experience with children. \_\_\_\_\_

\_\_\_\_\_

Describe your experiences cooking, baking, doing dishes, and your comfort level in a kitchen.

\_\_\_\_\_

Describe any paid jobs you've held (include things like babysitting, lawnmowing, etc.)

\_\_\_\_\_

What activities do you participate in at school (clubs, music, sports, etc.)? \_\_\_\_\_

\_\_\_\_\_

What volunteer or service projects do you participate in? \_\_\_\_\_

\_\_\_\_\_

Give one or two examples of how you've contributed to a group or team in the past.

\_\_\_\_\_

List any certifications you currently hold and date(s) of expiration (First Aid, CPR, lifeguarding, etc.). \_\_\_\_\_

\_\_\_\_\_

I have read the description of Camp Woodbrooke's helper program and understand that by applying to take on the responsibility of being a helper, I am making a commitment to:

- working positively and cooperatively with others of all ages
- acting as a positive role model for younger campers
- being tobacco, alcohol, drug, and substance free
- following through on assigned responsibilities
- being on time
- keeping my personal belongings and camp supplies/equipment clean and in order
- taking care of my personal health and wellness needs, including going to bed on time

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Mail your completed application, along with the completed Parent/Guardian Support Form, to  
*Camp Woodbrooke, 1704 Roberts Ct., Madison, WI 53711-2029.*

# 2019 New Helper Parent/Guardian Support Form

Helper Name \_\_\_\_\_

By volunteering to be a helper at Camp Woodbrooke, your son/daughter is taking on special responsibilities that will help him/her grow as an individual and develop leadership skills. Being a helper involves work, but also has the potential for much fun and personal growth. Helpers are in a unique position—they are not campers, yet don't have the full responsibilities or all the privileges of counselors. Because this is a unique position, it's important that helpers have the support of their parents/guardians. Please read over the information about the helper program and your son's/daughter's completed application. Then complete the following information to help us get to know your helper better. Please be specific and complete. Use another sheet if necessary. Feel free to contact the camp director with any questions or concerns. This completed form should be enclosed with the Helper Application.

## Parent/Legal Guardian 1

Name \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Custodial Parent      Legal Guardian      Foster Parent      **Primary contact?**      Yes      No

\*\*\*\*\*

## Parent/Legal Guardian 2

Name \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Custodial Parent      Legal Guardian      Foster Parent      **Primary contact?**      Yes      No

\*\*\*\*\*

## Issues we should know about:

Are there medical, behavioral, or psychological issues?	Yes	No
Will medications need to be administered?	Yes	No
Are there incontinence issues?	Yes	No
Is a special diet needed?	Yes	No
Does your teen have allergic reactions to anything?	Yes	No

If any answer is yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why do you want your teen to participate in the helper program at Camp Woodbrooke?**

\_\_\_\_\_  
\_\_\_\_\_

**Why do you think your teen is mature enough and mentally prepared for the helper program?**

\_\_\_\_\_  
\_\_\_\_\_

**Is there anything further we should know to help your teen have a great helper experience?**

\_\_\_\_\_  
\_\_\_\_\_

I have read the description of Camp Woodbrooke's 2019 helper program and support my teen's participation in this unique program.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_