



(360) 665-2888 • PO Box 711 • Ocean Park WA 98640 • coordinator@campvictoryforchildren.org

APPLICATION PART 2

Thank you for your interest in Camp Victory, a residential camp for children in Pacific and Grays Harbor Counties who are survivors of sexual abuse. All information will be held in the strictest confidence so please answer as frankly and as completely as you can and return this application no later than one week prior to Camp Victory Training.

Application Date: _____

Full Name: _____

Please answer the following questions to the best of your ability. Feel free to attach a separate page if more space is needed to answer in complete detail.

How did you learn about Camp Victory?

What interested you in volunteering for Camp Victory?

What strengths and skills do you see yourself bringing to Camp Victory?

Please discuss any experience you have had working with children. This may include parenting, work experience, or training in related fields.



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Camp Victory is an organization that draws volunteers from a wide variety of backgrounds and lifestyles. We come together to help heal the harm done by child sexual abuse. What is your experience with people from diverse backgrounds? What concerns do you have about working with people who differ from you?

Please discuss any experiences you have had with sexual assault and/or child abuse. Include training, work in related fields, or personal experience.

What concerns do you have about working with a child or children who have been sexually abused?

If you are a survivor of sexual abuse, what steps have you taken to work through your experience?

I understand that if I am accepted as a Camp Victory Volunteer, I will be expected to attend training and to abide by the organization's guidelines, policies, and confidentiality requirements. I understand personal references and my criminal background will be checked.

Signature: _____ Date: _____

Printed Name: _____