VERIFICATION OF WORK EXPERIENCE WITH YOUTH

Camp Adventure™ Youth Services
University of Northern Iowa

CAMP ADVENTURE™ APPLICANTS:

All students participating in the Camp Adventure™ program are required to provide verification of 40 hours of volunteer or paid work with youth. The following information provides a structure for experiences as you work to accumulate your minimum of 40 hours of hands-on experience with youth.

Aquatics Counselors: You MUST complete at least 15 hours of hands-on experience in a swim lesson setting. You may fulfill the remaining 25 hours in a swim lesson setting or with youth in another program area. The swim lesson experience will need to be in addition to your WSI training.

The goal of this requirement is to give all staff an opportunity to interact with youth. This will result in a higher level of excellence within our staff.

You may waive this requirement if you fall into any one of the below categories:

- You are a Camp Adventure™ veteran. (No documentation needed.)
- You are now meeting or have fulfilled a student teaching requirement.
- You have already successfully fulfilled a similar requirement for another course, etc. (Documentation Required)
- You can provide evidence of prior experience working with youth, including positive references. (Documentation Required)

* If you are in any of the above categories, please check it on this form, provide documentation from supervisor, professor, etc., attach the documentation to this form and return it to our office immediately.

POSSIBLE ORGANIZATIONS TO CONTACT:

Big Brothers/Big Sisters  Girl Scouts
Boys and Girls Club  Special Olympics
Boy Scouts  State Certified Day Care Centers
Camp Fire  YMCA
City Park and Recreation Departments  YWCA
University Recreation Aquatics Departments  Community/Municipal Pools (Aquatics Counselors)

*Babysitting, nanny positions and parenting will not be accepted for childcare hours.

(Verification form on reverse side) Aquatics Counselors: The verification form must show all 40 experiential hours. The agency that fills out the verification must be from your aquatics experience.
(Circle all that apply)                  TOTAL HOURS ________

SETTING WORKED IN:  OUTDOOR       NON-PROFIT     MILITARY
                     HOSPITAL       COMMUNITY PROGRAM(S)
                     RESORT         OTHER _______________________

PROGRAM AREA WORKED IN:  AQUATICS   SPORTS     ARTS & CRAFTS
                          DANCE        DRAMA      MUSIC
                          EDUCATIONAL  OTHER _______________________

PARTICIPANTS OF PROGRAM:  EARLY CHILDHOOD  JR./SR. HIGH AGE
                          SCHOOL-AGE    AT-RISK CHILDREN
                          PHYSICALLY CHALLENGED  MENTALLY CHALLENGED
                          OTHER _______________________

STUDENT COMPLETE
Name _______________________________ Phone (______) __________________
Address ____________________________ Street  City  State  Zip
Agency ______________________________ Phone (______) __________________
Address ____________________________ Street  City  State  Zip
Your Agency Supervisor __________________________ Title __________________
(Please Print)
What was your type of work experience? ________________________________
Work Description: ___________________________________________________

Level of experience: _______ leadership _______ programming _______ supervision _______ other
Length of experience: Starting Date ___________________________ Ending Date ___________________________
Mo.  Yr.  Mo.  Yr.

Total Number of Hours Worked ________ Paid  Y / N  OR  Unpaid/Volunteer  Y / N

AGENCY COMPLETE (From the agency you completed your work at)

_____ I am able to verify this individual’s above noted experience with our agency through our records.

_____ I am not able to verify this individual’s above noted experience with our agency through our records.

_____ The work was performed satisfactorily.

Comments:

Signed By ___________________________ Printed Name ___________________________ Date: __________
Title ________________________________
E-Mail ______________________________
Phone ____________________________ Cell: __________________

(RETURN TO: Camp Adventure™
Human Resources Division,
2351 Hudson Road, HPC 106
Cedar Falls, IA 50614-0156
___________________________ approved

File Name: Verification of Youth Work 2020  10/2019 AS