



New Volunteer Camp Application 2010

Please return to:
2676 S. Vista Avenue
Boise, ID 83705
Fax: 208.343.9922

First Name: _____ Last Name: _____
Email address: _____ Birth date: _____ Male _____ Female _____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone: Home: (____) _____ Cell: (____) _____

Adult T-shirt size: S M L XL XXL XXXL Female Cut _____ Male Cut _____

Employment Information

Employer: _____ Position/Title: _____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone: (____) _____

Highest level of education obtained: _____

Medical training: (circle all that apply) RN LPN CPR EMT First aid Lifeguard certification

List other certifications or trainings you feel would be useful at camp: _____

References

Please list three (3) references, all of whom have knowledge of your character, experiences and abilities. Relatives should not be included.

1. Name: _____ Telephone: (____) _____
Address: _____ City/state/zip code: _____

2. Name: _____ Telephone: (____) _____
Address: _____ City/state/zip code: _____

3. Name: _____ Telephone: (____) _____
Address: _____ City/state/zip code: _____



Other

Do you have a Facebook account? _____ Yes _____ No

Do you have a MySpace account? _____ Yes _____ No

If yes, please list the identifying information for each (random checks of these sites will be done as part of the application and qualification process):

Additional Information

Have you previously volunteered for Camp Rainbow Gold? _____ Yes _____ No

If yes, when: _____

Position held: _____

Including summer of 2009, this will be my _____ summer to volunteer with Camp Rainbow Gold. This does not include years as a camper or seasons I was unable to attend.

Share some of your most meaningful experiences: _____

How did you hear about Camp Rainbow Gold? _____

Describe your group and/or residential camping knowledge and experiences. _____

List any special interests, skills and/or workshops you would be willing to share at camp:

Do you play a musical instrument? If so, what kind and would you be willing to help at campfire? _____

Have you had any experience with pediatric cancer patients: If so, please elaborate:

Describe any experience you've had working with the physically or emotionally disabled: _____

Share the experience you have working with children: _____

Explain briefly why you desire to volunteer at camp: _____

Do you have any special dietary needs? If so, please explain:

Do you have any physical and/or health concerns/restrictions? If so, please explain:

Volunteer Health Form

Name: _____ Date: _____

All volunteers will have a health check within 24 hours of arriving at Camp. If you have been diagnosed with cancer and have been in active treatment within the last year you may be asked to have an additional form filled out by your physician prior to camp in order to assure that we may care for you if needed while at camp.

Emergency Contact Information

Name: _____

Relationship: _____

Telephone: Home: (____) _____ Cell: (____) _____

Address: _____

City: _____ State: _____ Zip code: _____

Physician Information

Name: _____

Telephone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Insurance Information

This information will be used for special tests, treatments, X-rays or medical consultations if needed during camp.

Name of company: _____

Telephone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Policy number: _____

General Health History

<u>GENERAL</u>		<u>ALLERGIES</u>		<u>IMMUNIZATIONS</u>
Mumps:	YES NO	Hay fever:	YES NO	Verify the following immunizations are UP TO DATE by checking the box below.
Heart problems:	YES NO	Insect stings:	YES NO	<input type="checkbox"/> DPT series
Measles:	YES NO	Ivy poisoning:	YES NO	<input type="checkbox"/> Polio booster
Seizures:	YES NO	Other:	_____	<input type="checkbox"/> Booster
Asthma:	YES NO			<input type="checkbox"/> Measles, mumps and rubella
Diabetes:	YES NO			
German measles:	YES NO			*This is a state requirement for licensed camps; all immunizations must be kept up to date*

Please list any medication allergies: _____

Date of your last tetanus booster: _____

Date of last ear infection: _____

Cancer diagnosis _____ Date of Diagnosis _____

Please list and explain any recent or current infectious or communicable disease exposure that has occurred within the last four (4) weeks:

Medication Information

All medications brought to camp must be in their original containers and must be kept in the med shack at all times.

Please list all current medication information:

Volunteer Release Form

Consent Agreement, Authorization and Release

This consent agreement, authorization and release form must be read and signed in order for you to be eligible to attend Camp Rainbow Gold.

Full name (print): _____

Telephone: (_____) _____

Consent for Medical Treatment

The undersigned hereby grants permission to the medical staff or consulting physicians at Camp Rainbow Gold to administer medication and provide medical care, including any medical emergency care required. Undersigned also gives consent for any emergency transportation deemed necessary.

Consent for Media

I do _____ do not _____ give Camp Rainbow Gold permission to photograph, use pictures or visual and audio tapes, or written materials for professional or fundraising activities through any medium including print, television, radio or the internet.

Consent for Camp Directory Inclusion

I do _____ do not _____ give Camp Rainbow Gold permission to publish my contact information in the annual Camp Rainbow Gold directory that will be released to all children and volunteers who attended camp.

Property Damage

It is understood that the cost of repair or replacement of facilities or property that is damaged by me will be reimbursed by me to Camp Rainbow Gold.

Release of Liability

The undersigned understands that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, and in consideration for participation at camp, the undersigned hereby agrees to assume those risks and to hold harmless the American Cancer Society and all camp agents, representatives, employees and volunteers, from any and all liability, claims for personal injury or property damage, costs, expenses and damages arising out of or connected in any way with my participation in camp activities. Further, the undersigned acknowledges that Camp Rainbow Gold accepts no responsibility for the loss, damage or theft of my personal property.

I have read, understand and give my consent to and release of liability:

Signature: _____ Date: _____

The American Cancer Society has played a pioneering role in showing the clear relationship between tobacco use and disease. In view of the Society's highly visible position in this matter, the American Cancer Society expects volunteers to serve as examples. **Smoking or tobacco use is not permitted on American Cancer Society property, Cathedral Pines property or by employees or volunteers representing the American Cancer Society.**

Volunteer Opportunities

The American Cancer Society's Camp Rainbow Gold relies heavily on the efforts and dedication of our wonderful volunteers. As such, it is important to us to ensure we are utilizing you in a manner most conducive to your interests and skills.

The oncology camps are the most popular, and have the highest rate of return of our volunteers. Returning volunteers (those that worked at Camp last summer) are considered first. The same rule also now applies for those that volunteered at Sibling Camp.

If you have volunteered for Camp Rainbow Gold previously but were unable to make it last summer you are required to fill out this new volunteer application but your prior years of service will be considered when developing our team. Depending on how many summers you have been absent you may be asked to come in for a team interview.

If you are chosen to volunteer you are required to attend training which will be held at Cathedral Pines May 22nd & 23rd, 2010.

Family Camp Thursday, June 10th through Sunday, June 13th, at Camp Perkins

Director Assistant Director
 Activity Director Art Shack Director
 Art shack team Nurse (RN, LPN, PNP, PA)
Activities team: Fishing Photography Geocaching Bikes

Sibling Camp Sunday, July 18th through Friday, July 23rd, at Cathedral Pines

Leadership: Operations Team.

Director Assistant Director
 Activity Director Art Shack Director
 Med Shack Director (RN, LPN, PNP, PA) LMSW

Staff:

Junior Counselor Counselor of ages _____
 Art shack team POC
 Med Shack Team (RN, LPN, PNP, PA)

Activities team

Logistics Camp Fire Photography/video
 Archery Fishing Biking

Teen Oncology Camp Sunday, July 25th through Friday, July 30th, at Cathedral Pines

Leadership: Operations Team

____ Director

____ Assistant Director

____ Activities Director

____ Art Shack Director

____ Med Shack Director (RN, LPN, PNP, PA)

____ LMSW

Staff:

____ Counselor of ages _____

____ Art shack team

____ POC

____ Med Shack Team (RN, LPN, PNP, PA)

____ 1:1 Counselor

Activities team

____ Camp Fire

____ Photography/video

____ Biking

____ Archery

____ Fishing

- There is no Jr. Counselor program for the Teen Oncology Camp

Youth Oncology Camp Sunday, August 1st through Friday, August 6th, at Cathedral Pines

Leadership: Operations Team

____ Director

____ Assistant Director

____ Activities Director

____ Art Shack Director

____ Med Shack Director (RN, LPN, PNP, PA)

____ LMSW

Staff:

____ Counselor of ages _____

____ Art shack team

____ POC

____ Med Shack Team (RN, LPN, PNP, PA)

____ 1:1 Counselor

____ Junior Counselor

Activities team

____ Camp Fire

____ Photography/video

____ Biking

____ Archery

____ Fishing

Volunteer Applicant Disclosure & Consent for Release of Information

GWD Camp Name: Camp Rainbow Gold Account: 101-101-559 Billing Code: CRG

Applicant Information (Please print NEATLY and complete thoroughly to avoid result delays)

First Name: _____ Middle: _____ Last: _____

Other Name(s) Used (like Maiden): _____ Other Name(s) Used: _____

*Social Security No: _____ -- _____ -- _____ *Date of Birth (MM/DD/YYYY): _____ / _____ / _____

*Gender: Male Female Driver's License #: _____ State issued: _____

Current Street Address, City, State, Zip: _____

Former Addresses (1) City, State, Zip: _____ (2) City, State, Zip: _____

** This information will be used for the purposes of background screening only and will not be used in making any volunteer decisions.*

1. Have you ever, under your name or another name, been convicted of or pleaded guilty or no contest to a criminal offense, felony or misdemeanor (including child abuse, neglect or any sexual offense) or participated in a pre-trial deferral or diversion program? Yes No
2. Have you ever, under your name or another name, been convicted of a crime which resulted in your being in prison and released from prison or paroled? Yes No
3. Are you presently out on bail or pending trial for the alleged commission of any crime? Yes No
4. Are there any other facts or circumstances involving your background or the background of others in your household that would call into question your being trusted with the supervision, guidance and care of children/teenagers? Yes No
5. If you answered "Yes" to any of the above, please explain. Indicate date(s) of conviction and the type(s) of offense(s); include those matters for which you have pleaded guilty, no contest, or participated in a pre-trial diversion program (attach additional sheets of paper as necessary): _____

Falsification, misrepresentation and/or omission of criminal conviction are grounds for refusal to accept your volunteer application or to terminate volunteer status. NOTE: A conviction does not automatically disqualify a volunteer applicant. The date, nature and seriousness of the offense will be considered.

NOTICE REGARDING BACKGROUND INVESTIGATION: Please read this disclosure and consent form carefully before signing acknowledgment. Volunteer status is contingent on the results of the background check.

In order to maintain the trust of our donors and demonstrate the integrity of our volunteers and professionals, it is the policy of the American Cancer Society (ACS) to perform volunteer background investigations. In performing these background investigations, we may also request a "consumer report" which may include information about your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living. The investigation may also include motor vehicle record driving checks, credit bureau files, employment references, professional/personal references, any educational and licensing institution or military branch and receipt of any criminal record information (including sexual offenders) pertaining to you which may be in the files of any Federal, State or Local Criminal Justice Agency. These reports may be obtained at any time after receipt of your authorization and, if you become an ACS volunteer, throughout your volunteer career. ACS complies with the Fair Credit Reporting Act (and applicable state law) which provides prospective or current volunteers with rights regarding consumer reports. According to the Fair Credit Reporting Act, if ACS makes any adverse decision with regard to your volunteer status, you will be entitled to receive, upon request and within 60 days, a copy of the background check prepared by InfoMart, 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774. You have the right to dispute the accuracy of the information on the background check with InfoMart. Your signature on this document, the ACS volunteer application, and any other volunteer forms indicates your understanding that ACS may initiate the discussed background investigation. Your signature authorizes ACS to obtain a consumer report for volunteer purposes, including for purposes of making any future decisions concerning your volunteering, promotion or retention as a volunteer. ACS will permit you to revoke (in writing) your permission allowing ACS to obtain this kind of personal information; however, ACS may not consider you for current or future volunteering if not allowed to perform background investigations.

ACKNOWLEDGMENT AND AUTHORIZATION: I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of volunteering is true and complete to the best of my knowledge. I understand that if I become a volunteer, any false or omitted statements will be considered as a cause for possible termination of the volunteer assignment. I acknowledge receipt and certify that I have read and understand or had explained to me the above information and A Summary of Your Rights Under the Fair Credit Reporting Act. I hereby authorize ACS to verify information within an application or resume and to obtain a background check and/or consumer report(s) at any time after receipt of this authorization. I understand that this consent will apply if I am hired or at any time during the course of volunteering and remain in effect until revoked in writing. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by the consumer reporting agency, another outside organization acting on behalf of ACS, and/or ACS itself. This authorization does not include a release of my medical information. I agree that a facsimile (fax), photocopy or scan of this authorization shall be as valid as the original.

Name (Please Print Neatly): _____ Date: _____ / _____ / _____

Signature: _____