



Service Provider 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: (____) _____

Employment Information

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

References

Please list three (2) 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: _____

Emergency Contact Information

Name: _____
Relationship: _____
Telephone: Home: (____) _____ Cell: (____) _____
Address: _____
City: _____ State: _____ Zip code: _____

Additional Information

Have you previously volunteered for Camp Rainbow Gold? _____ Yes _____ No
If yes, when: _____
Activity/Service Provided: _____



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 volunteer at 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.

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 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 and 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: _____