



THE OFFICIAL SPONSOR
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Camp Hope June 20-26, 2010

New Volunteer Important Information

- ✓ Complete the application form in its entirety. The application must be mailed and postmarked by March 1, 2010. Applications postmarked after March 1, 2010, will be placed on a waiting list.
- ✓ Camp orientation for all new volunteers will take place on Saturday, June 19, 2010. If you are selected, more information regarding orientation will be sent out at a later date.
- ✓ It is mandatory that you attend the camp orientation. It is also required that all volunteers attend camp for the entire week with the exception of medical staff who are required to attend at least 3 days. If you are medical staff and are volunteering the later part of the week, arrangements for volunteer orientation may be arranged with advance notice.
- ✓ Prior to submitting your application, please ensure your employer will allow you the time off to volunteer for camp. (It will cost the American Cancer Society approximately \$50.00 to process your application for camp. This includes the cost of the background check, T-shirt, volunteer manual, nametags, etc., so please make certain that you will be available to attend.)
- ✓ Medical volunteers are required to include a copy of their license and certifications along with their application.
- ✓ For questions, please call the American Cancer Society at 800/359-1025.

Please return all forms to:
American Cancer Society
High Plains Division, Inc.
1315 SW Arrowhead Road
Topeka, KS 66604

Name: _____

How did you hear about the American Cancer Society, High Plains Division Camp Hope?

Why would you like to be a volunteer for Camp Hope?

Please rank each job in order of preference. (1= first choice and 4=last choice)

_____ Activities _____ Medical (**Do not rank medical unless you have a medical background.**)
_____ Kitchen _____ House Parent

What experience do you have working with children?

Describe your camping knowledge and experiences:

Describe your experience with pediatric cancer patients:

Describe any special skills you may have that you'd like to share with the campers (e.g., photography, hair braiding, face painting, juggling, etc.)

State law requires 3 references for NEW volunteers. Please do not use relatives or current Camp Hope volunteers.

We must have a complete address in order to mail the questionnaire.

Please give names of persons who have knowledge of your character, experience and ability.

| | | | | | | |
|----|-------|-----------|---------|-------|-------|-------|
| 1. | _____ | _____ | _____ | _____ | _____ | _____ |
| | Name | Telephone | Address | City | State | Zip |
| 2. | _____ | _____ | _____ | _____ | _____ | _____ |
| | Name | Telephone | Address | City | State | Zip |
| 3. | _____ | _____ | _____ | _____ | _____ | _____ |
| | Name | Telephone | Address | City | State | Zip |

If you are a NEW volunteer, a phone interview will be conducted prior to camp. Please provide a phone number and the time that you would prefer to be contacted.

Phone #: _____

Time: _____

Name: _____

Statement of Absence of Criminal Record

I certify that I have not been convicted of any felony.

Signature Date

We will also be conducting a criminal background check. This is covered on Form #6.

List emergency contact information below:

Emergency Contact Name: _____
First Last

Address: _____

City/State/Zip: _____

Relationship: _____

Home Phone: _____ Work Phone: _____

For Medical Volunteers ONLY

The American Cancer Society will provide medical liability coverage for all medical volunteers.

All medical volunteers are required to attend at least 3 days of camp. If you are unable to attend all week, please indicate the date and time in which you will arrive and depart.

I will arrive at camp on: _____ at approximately: _____ a.m. or p.m.

I will depart camp on: _____ at approximately: _____ a.m. or p.m.

★ Requirement: Please include a copy of your license and certifications with your application.

Camp Hope Volunteer Medical Clearance Form

Name: _____ Date: _____

Physician: _____ Physician Phone: _____

Medical History (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Allergies (Seasonal) | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Kidney Problems |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Measles | <input type="checkbox"/> Anxiety/Depression |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mumps | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Rheumatoid Diseases | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Seizures | |

Medications: Medications must be brought in original pharmacy containers:

| Drug | Dose | Time | Days of Week |
|------|------|------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

Allergies:

- | | | |
|---------------|------------------------------|-----------------------------|
| Hay Fever | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Insect Stings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ivy Poisoning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medications | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- to: _____

| Medication | Type of Allergic Reaction |
|------------|---------------------------|
| | |
| | |
| | |
| | |

Any other information (i.e. restrictions, special diet): _____

Immunization History: (State requirement for licensed camp. All immunizations must be kept up to date.)

| | |
|-------------------------------------|---|
| DT or DPT Series _____ | Last Tetanus Booster (must be within last 10 years) _____/_____/_____ |
| Polio Booster _____ | Last Tuberculin Test (must be within last year) _____/_____/_____ |
| MMR (Measles, Mumps, Rubella) _____ | Other _____ |

Highly Recommended Vaccinations (not required at this time)

| | |
|-------------------------------------|-------------------------------|
| Tdap _____/_____/_____ | Menactra _____/_____/_____ |
| Varicella Booster _____/_____/_____ | Hepatitis A _____/_____/_____ |

Do you have any recent/current infectious/communicable disease expose? Explain: _____

To be completed by physician/primary care provider.

Camp Hope is a camp for children with cancer. The volunteer's duties will include direct supervision of children in a camp setting. Volunteer duties may include, but are not limited to, assisting campers in camp activities, protecting the safety of campers, lifting, driving vehicles (i.e. golf carts) and cooking. While the camp facilities are air conditioned, the volunteer will also likely be outside in the heat.

I certify that the above volunteer has had a complete physical exam within the **past 2 years** and I agree that the above information is correct. This volunteer is able to participate fully in Camp with the following restrictions:

This volunteer should **NOT** be allowed to participate in Camp Hope for the following reason(s):

Physician's Signature

Date

Volunteer Employment Contract Camp Agreement

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Volunteer / Camp Agreement Between:

American Cancer Society's, Camp Hope and _____

Volunteer name - please print

The signing of this Agreement by the Volunteer Camp Director and the above named Volunteer binds them to the following terms:

1. The Volunteer agrees to serve the Camp to the best of his/her ability in the capacity of Volunteer Counselor.
2. The dates of agreed volunteer service are from June 19 through June 26, 2010.
3. There is no salary or benefits; the Camp agrees to provide meals and room.
4. The Volunteer agrees to abide by the Personnel Policies and Practices of the American Cancer Society Camp Hope, and to the following special conditions:

Smoking, alcohol consumption and the use of illegal drugs are all prohibited during camp.

This agreement shall be deemed to have been executed in the State of Kansas, in which the Camp is located.

ACCEPTED according to the above terms and conditions:

Signed: _____ Date: _____

Address: _____

City/State/Zip: _____

Telephone: () _____

Signed: _____ Date: _____

American Cancer Society Staff

