THE OFFICIAL SPONSOR OF BIRTHDAYS.™

Camp Hope
June 20-26, 2010

Returning 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 returning volunteers will take place on Saturday, June 19, 2010 at 5:00 pm.**

- ✓ **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

THE OFFICIAL SPONSOR OF BIRTHDAYS.™

Camp Hope
RETURNING
Volunteer Application

1

Please Print or Type in Black Ink

Date:_____/_____/_____

Name: ____
First Middle Last

Address: ____

City/State/Zip:______________________________ County: ________________

Home Phone: (   )______________________ Work Phone: (   ) ______________________

Cell Phone: (   ) ______________________ Date of Birth: _____/_____/_____

Social Security Number: _______-______-_______ Gender: ❑ Male ❑ Female

E-mail Address: ____

Name you prefer to be called if different from above: ______________________

Primary Language spoken: ______________________________________

Other Language(s) spoken:______________________________________

T-Shirt Size: (Adult) ❑ Small ❑ Medium ❑ Large ❑ X-Large ❑ XX-Large

Employment Information:

Employer: ____

Address: ____

City/State/Zip:____

Position/Title: ______________________ Supervisor's Name: ______________________

Valid Drivers License? ❑ Yes ❑ No State:___________Number:______________________

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

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.)

____

____

Name ____

Medical Training – List institutions, medical degrees, certifications, years received:
(CPR Certification must be current at the time of camp.)

____

____

Emergency Contact Information:

Emergency Contact Name: ____

Address: ____

City/State/Zip:____

Relationship:____

Home Phone: _________________________________ Work Phone: __________________________________

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 #4.

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.

Volunteer Employment Contract
Camp Agreement

3

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:

   S**moking, 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

Volunteer Criminal Background Check

4

To ensure the campers safety, we will be conducting criminal background checks on all volunteers. Please list your current address and any addresses in the last seven years. If your current address is temporary (such as a school address) please list your permanent address below as well.

1. ____
Address City State Zip

2. ____
Address City State Zip

3. ____
Address City State Zip

Please sign and date below authorizing us to conduct a criminal background check on you.

______________________ ______________
Name Date

This **must** be returned to us no later than **March 1, 2010** to ensure that we will be able to conduct the check in time to review your application.

Camp Hope
Volunteer Medical Clearance Form

5

Name: ______________________________ Date: ______________________________

Physician: ______________________________ Physician Phone: ______________________________

Medical History (check all that apply):

- ❑ Asthma
- ❑ Allergies (Seasonal)
- ❑ Anemia
- ❑ Cancer
- ❑ Diabetes
- ❑ German Measles
- ❑ Heart Attack
- ❑ Heart Problems
- ❑ High Blood Pressure
- ❑ Liver Disease
- ❑ Measles
- ❑ Mumps
- ❑ Rheumatoid Diseases
- ❑ Seizures
- ❑ Stroke
- ❑ Tuberculosis
- ❑ Kidney Problems
- ❑ Anxiety/Depression
- ❑ Fatigue
- ❑ Other______________________

Medications: Medications must be brought in original pharmacy containers:

Drug	Dose	Time	Days of Week

Allergies:

Hay Fever ❑ Yes ❑ No
Insect Stings ❑ Yes ❑ No
Ivy Poisoning ❑ Yes ❑ No
Medications ❑ Yes ❑ No
Other ❑ Yes ❑ 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 <u>Recommended</u> 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 **<u>past 2 years</u>** 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 **<u>NOT</u>** be allowed to participate in Camp Hope for the following reason(s):

____

______________________________ ______________________________
Physician's Signature Date