



2015 CAMP ANGEL VOLUNTEER APPLICATION

We appreciate your interest in volunteering for Camp Angel Bereavement Camp for Kids. Camp will be held at Camp Tecumseh in Brookston, IN on September 18-20, 2015. Volunteers are required to be at least 18 years of age at the time of camp and be willing to submit to a background check. Please be sure the information in the application is correct and complete. Any false statements/misrepresentation of the facts on this application or any unsatisfactory reference check will be considered adequate cause for rejection of your application or your immediate dismissal from camp at the camp coordinator's discretion. Additionally, all volunteers are expected to attend one training session (dates to be announced for July and August). Failure to attend the required training will result in you no longer being considered eligible to be a camp volunteer.

Completion of this application does not guarantee you will be offered a volunteer position at Camp Angel. Acceptance is contingent upon the evaluation of this application by the Camp Coordinator and the Risk Management personnel. (Your information will only be used by appropriate camp staff, and only when deemed necessary.) Camp Angel and the Camp Angel Staff Coordinator reserve the right to deny admission to camp or dismiss from camp a volunteer whose conduct is deemed detrimental to the camp atmosphere.

Thanks again for your interest in Camp Angel. Applications should be returned to Guardian Angel Hospice, 513 W. Lincoln Rd., Kokomo, IN 46902. Feel free to contact us with any questions or concerns that you may have by calling one of us at 800-338-4043. We look forward to receiving your application. All volunteer applications must be received by August 1, 2015 so that all required reference and background checks may be completed within the required timeframe prior to camp.

Sincerely,

Ocean Sharp
Volunteer Coordinator

Stephanie Guinn
Volunteer Coordinator



**2015 CAMP ANGEL VOLUNTEER
APPLICATION**

Name: _____

Address: _____

Phone: _____ (home) _____ (cell) _____ (work)

Email address: _____

EMPLOYMENT

Name of Employer: _____

Job Title: _____

Work Address/Phone: _____

Supervisor's Name and Phone: _____

Employed from _____ to _____

ABOUT YOU:

Have you ever attended Camp Angel? _____ If yes, when? _____

Have you ever applied to be a volunteer at Camp Angel? _____

How did you hear about volunteer opportunities at Camp Angel? _____

Please explain why you want to be a volunteer at Camp Angel. _____

Have you ever been a volunteer before in a kid's camp setting or with
grieving kids? When and where?



Are you interested in being a
Angel Buddy * Angel Floater**

*“Angel Buddy” volunteers stay at camp for the entire weekend, lead small group activities, are available for discussion/support of campers and also monitor the safety/well being of campers in their respective groups.

**Angel Floaters may attend to assist with specific activities or events, and are neither paired with campers nor required to attend camp for the entire weekend.

T-Shirt Size (Circle One) S M L XL XXL XXXL

REFERENCES:

Every new volunteer applicant is required to provide at least three character references from non-family members who have first-hand knowledge of your character, skills, and abilities. At least 2 will be contacted so please be sure the individuals named agree to serve as references. ***Please be sure to include full addresses so that referral forms may be sent to references.***

1. Name: _____

Relationship: _____

Address: _____

Phone: _____

2. Name: _____

Relationship: _____

Address: _____

Phone: _____

3. Name: _____

Relationship: _____

Address: _____

Phone: _____



CRIMINAL BACKGROUND CHECKS:

Have you ever been convicted of a felony or misdemeanor? Yes or No
Have you ever been convicted of driving under the influence of drugs/alcohol? Yes or No

If you answered yes to either of the above questions, please explain and give dates of the occurrence and description of the criminal charges.

Do you consent and authorize Camp Angel to conduct a criminal background check? Yes or No

Date of birth: _____ Sex: _____ Race: _____
(required for background check)

Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? Yes or No
If yes, please explain.

Have you ever been convicted of any crime including, but not limited to, the following: Alcohol related, assault and battery, kidnapping, distribution and trafficking of narcotics or other controlled substances, crimes of indecency, sexual related crimes, guns or weapons crimes? Yes or No
If yes, please explain.



Have you ever been adjudicated liable for civil penalties or damages involving sexual abuse/neglect of children or been subject to any court order involving sexual abuse/neglect of a minor, including, but not limited to a domestic order or

protection? Yes or No

If yes, please explain.

(If applicable) Have your parental rights ever been terminated for reasons involving sexual abuse/neglect of children or any other reason? Yes or No

If yes, please explain.

I understand that:

1. Camp Angel may deny volunteer opportunities to any applicant who answers any of the immediately preceding questions in the affirmative or who answers any question falsely.
2. In applying for a camp position the information which I have furnished on this form is subject to verification, which will include a criminal history check and request from any Central Registry of child abusers.
3. Camp Angel may deny volunteer service to any applicant for any reason in the best interests of the children at Camp Angel.
4. This disclosure statement is subject to review by all Camp Angel staff.
5. I may be asked to provide further information by Camp Angel staff or other personnel associated with camp on any answer I provide.
6. I am expected to attend one training session and should make every effort possible to attend the **camper Meet and Greet session**.

Signature of Applicant _____ Date _____



CAMP ANGEL PRACTICES AND POLICIES

Please read the following **Camp Angel Practices and Policies** agreement carefully and thoughtfully; then sign the statement of compliance that follows.

Respect: Each camp participant has a responsibility to respect camp leadership, as well as the health and well-being of Camp Angel and the Camp Tecumseh community.

Professionalism: Personal information about campers given and received during orientation or throughout camp must be held in the strictest confidence. Volunteers must act professionally toward all campers, volunteers, and staff. Camp participants may not take campers off camp grounds without the expressed written permission of the Camp Coordinator.

Smoking: Smoking is not permitted at any time.

Alcohol, drugs, controlled substances, and weapons are forbidden: The possession or use of alcoholic beverages and the possession or use of illegal drugs are strictly forbidden and will be grounds for dismissal from camp and authorities will be notified. Any volunteer believed to be under the influence of illegal drugs or alcohol while at camp will be promptly dismissed. The possession of any weapon (firearm, knife, explosives, etc.) is strictly forbidden on camp property. If found on the property, the weapon will be confiscated, the participants dismissed, and the authorities will be notified.

Limits: Setting limits is an important part of a volunteer's responsibility. No participant should disrupt activities, intimidate or frighten campers, volunteers or staff. In setting a tone of respect for the rights and feelings of others, cursing and ranting will not be tolerated. Ridiculing, embarrassing, corporal punishment of any kind, or frightening campers is forbidden. Such behavior will be grounds for dismissing a camp participant and if appropriate, authorities will be notified.

Moral Behavior: Everyone is expected to behave in a morally upstanding way. Immodest clothing, inappropriate or excessive displays of affection, and obscene or lewd materials are not allowed. Any sexual activity is strictly forbidden at camp. Be respectful of campers and their personal hygiene. Notify the Camp Coordinator immediately if there are any concerns or inappropriate behavior with or among camper, volunteer, and/or participants.

Signature of Applicant _____ Date _____



Volunteer Medical History

Please answer the following questions about your medical history.

Name: _____

IMMUNIZATION

Measles, Mumps, Rubella: _____	DPT: _____
Measles Booster: _____	Primary Series: _____
Polio: _____	Booster: _____
Primary Series: _____	Last Tetanus Booster: _____
Booster: _____	Pneumovax (if app.): _____
Hepatitis B: _____	H. Flu Vaccine (HIB): _____

Have you had chicken pox or shingles? <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No
Allergies: Food: _____ Insect Stings: _____
Medications: _____ Other: _____
List any other medical problems (such as allergies, asthma, hay fever, seizures, etc) and specific instructions for care while at camp.
List any physical restrictions or limitations (amputations, crutches, wheelchair, etc.):
Primary Care Physician: _____
Phone: _____