

VOLUNTEER APPLICATION

We appreciate your interest in volunteering for VAD summer camp program and your taking time to complete this application. Please be sure the information provided in the application is correct and complete. Any false statement or misrepresentation of the facts called for on this application or any unsatisfactory reference check will be cause for rejection of your application or your immediate dismissal from camp at VAD's sole discretion. Completion of this application does not guarantee you will be offered a volunteer position at VAD Summer Camp. Acceptance is contingent upon evaluation of this application by the VAD Staff Camp Coordinator, VAD medical advisors and other VAD risk-management personnel.

SECTION ONE ***Volunteer Identification

NAME: _____
(Last) (First) (Middle)

HOME ADDRESS: _____
(Street)

(City) (State) (Zip) (County)

HOME PHONE: _____ ALTERNATE PHONE: _____

BIRTHDATE: _____ HEIGHT: _____ WEIGHT: _____ SEX: _____ SHIRT SIZE: _____

EMAIL ADDRESS: _____

MEDICAL INSURANCE COVERAGE (Please bring a photocopy of current insurance card to registration.)

Name (Blue Cross/Blue Shield, Medicaid, etc.) _____

Company's Address _____

Policy Holder's Name _____

Policy/Group Number _____

Primary Care Physician/Medical Practitioner _____

Address _____ Phone _____

FAX _____ E-MAIL _____

Volunteers Assisting the Disabled (VAD)

The camp medical staff supervises the health and well being of camp volunteers. The medical staff takes this responsibility seriously. Please complete all requested information in the sections below. Please include any additional health information that is not specifically requested in the space at the end of this section.

Please list any **MEDICATION ALLERGIES** you have experienced.

Please list any **FOOD ALLERGIES** you have experienced.

Other Allergies (i.e. latex, animals, plants, etc.)* _____

*Since service animals may accompany some campers, please indicate your typical reaction to and severity of any animal allergies you may have so that appropriate accommodations can be made.

An up-to-date immunization status is required to attend camp. Please list the dates of the most recent immunizations.

Td (Tetanus...) _____	German Measles (Rubella) _____
Measles (Rubeola) _____	TOPV or OPV or Salk (Polio) _____
Mumps _____	

Last Tuberculin (TB) skin test was on: _____ The result of this skin test was: _____
(Date) (Positive or Negative)

Are you prone to any of the following illnesses or conditions; or are you receiving medications for such illnesses or conditions?

Seizures/Convulsions	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Frequent Colds	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Urinary Tract Infections	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Wheezing	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Sinusitis	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Hayfever	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Constipation	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Indigestion	YES <input type="checkbox"/>	NO <input type="checkbox"/>
"Swimmer's" Ear	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Ear Infections	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Bee Sting Reactions	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diarrhea	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Asthma	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Hepatitis Exposure	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Severe Menstrual Cramps	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Pneumonia	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Diabetes	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Headaches	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Volunteers Assisting the Disabled (VAD)

Have you seen a physician/psychiatrist/psychologist in the last three years? YES NO

If so, why? _____

Are you seeing a physician/psychiatrist/psychologist for any acute or chronic condition?

YES NO If yes, why? _____

Do you have any medical, mental or emotional conditions, which may affect your ability to perform any of the essential functions of a VAD camp volunteer?

YES NO If yes, why? _____

List any recent operations or serious injuries and the dates they occurred: _____

Other medical, mental or emotional information that is pertinent to your application and which the Medical staff should be aware of: (special diet, pregnancy, motion sickness, depression, conditions or conditions or Details of above) If applicable, please explain: _____

Have you been exposed to a communicable disease in the last six months?

YES NO If yes, please describe: _____

Volunteers Assisting the Disabled (VAD)

IMPORTANT: PLEASE NOTIFY VAD IF YOU HAVE BEEN EXPOSED TO A COMMUNICABLE DISEASE AFTER SUBMISSION OF THIS APPLICATION!!!

Camp regulations require that the camp medical staff administer ALL medications. All prescription medications (such as antibiotics, birth control pills, asthma medications, insulin, "heart pills") and all non-prescription medications (such as allergy pills, cold tablets, vitamins, antacids) must be turned in to the medical staff when you arrive at camp. Individuals may be allowed to keep inhalers, bee sting kits and nitroglycerin tablets after consultation with the medical staff. **PLEASE BE SURE TO HAVE ALL MEDICATIONS READY TO BE AVAILABLE AT REGISTRATION.** PLEASE BRING ENOUGH OF YOUR MEDICATIONS FOR THE FULL WEEK OF CAMP STAY PLUS TWO (2) ADDITIONAL DOSES. ALL PRESCRIPTION MEDICATIONS MUST BE BROUGHT TO CAMP IN THE ORIGINAL CONTAINER(S) WITH ORIGINAL PHARMACIST LABEL(S) OR ASK YOUR PHARMACIST FOR AN EXTRA, FULLY-LABELED CONTAINER FOR USE AT CAMP.

Please complete the listing below with all medications you are to be taken, and the schedule by which you take them.

_____	_____	_____
Medication Name	Dose	Time Doses Are Given
_____	_____	_____
Medication Name	Dose	Time Doses Are Given
_____	_____	_____
Medication Name	Dose	Time Doses Are Given

Additional health information: _____

Volunteers Assisting the Disabled (VAD)

SECTION TWO *Volunteer Profile**

Please list your interests and hobbies:

Have you attended VAD Summer Camp before? YES NO

Last year's camper's name: _____

Not including previous involvement with VAD camp, have you had any experience in working with people with disabilities?

YES NO If so, please explain and identify your supervisor in this capacity, if any:

CAMP EXPERIENCE (camper, counselor or employee - list most recent experience first):

Position	Camp	City/State	Name of Director	Dates

Previous volunteer experience with VAD (other than camp): _____

Please explain why you want to be a volunteer at VAD Summer Camp: _____

AREAS OF TRAINING AND SPECIAL SKILLS: (Please Check All That Apply)

- | | | | | |
|--------------------------------------|-------------------------------------|------------------------------------|--|--|
| Carving <input type="checkbox"/> | Baseball <input type="checkbox"/> | Soccer <input type="checkbox"/> | Writing <input type="checkbox"/> | Rocks/Mineral <input type="checkbox"/> |
| Ceramics <input type="checkbox"/> | Basketball <input type="checkbox"/> | Costuming <input type="checkbox"/> | Story Telling <input type="checkbox"/> | Weather <input type="checkbox"/> |
| Painting <input type="checkbox"/> | Bowling <input type="checkbox"/> | Dancing <input type="checkbox"/> | Animals <input type="checkbox"/> | Gardening <input type="checkbox"/> |
| Sculpture <input type="checkbox"/> | Hockey <input type="checkbox"/> | Drama <input type="checkbox"/> | Astronomy <input type="checkbox"/> | Euchre <input type="checkbox"/> |
| Sketching <input type="checkbox"/> | Football <input type="checkbox"/> | Mime <input type="checkbox"/> | Birds <input type="checkbox"/> | |
| Photography <input type="checkbox"/> | Volleyball <input type="checkbox"/> | Singing <input type="checkbox"/> | Forestry <input type="checkbox"/> | |

Please indicate any current certifications or credentials you have that would be helpful in the camp setting (attach documentation verifying credentials/certification):

First aid _____ CPR _____ Lifeguard _____ WSI _____
 Others _____

Volunteers Assisting the Disabled (VAD)

SECTION THREE ***Medical Consent, Emergency Contact and Release

MEDICAL CONSENT

The health history contained in this application is correct as far as I know and the person herein described has permission to engage in all prescribed camp activities, except as noted by me and/or an examining physician. I certify to the best of my knowledge, I do not have any contagious or communicable disease or condition. I also understand that VAD and the camp are not responsible for illness due to previous health conditions or illness incidental to attending camp.

If there should be a medical emergency while attending VAD Summer Camp or going to and from camp, I authorize treatment by the VAD Summer Camp medical staff or referred by such staff to emergency medical personnel, nurses and/or physicians. The VAD Summer Camp medical staff maintains a medical cabin on the campgrounds. They are able to evaluate and treat most minor illnesses and injuries as well as stabilize any serious medical conditions. I also authorize routine treatment by the VAD Summer Camp medical staff during the week of camp. I authorize the VAD Camp Staff Coordinator or medical staff of the camp to select and designate emergency medical personnel, nurses and physicians to furnish emergency medical services, nursing, medical and/or surgical care should it be necessary and to arrange admittance to a hospital in case of emergency. I further absolve VAD and the camp from any and all liability for their reasonable acts done in good faith.

In the event of a serious medical problem, the medical staff or the VAD Camp Staff Coordinator will contact persons listed below to advise them of the camper's condition, treatment or need for continued medical attention. (Please be sure the persons named agree to serve as emergency contacts.)

Emergency contact:

Name

Relationship to Volunteer

City

Phone - Day Phone - Evening

Phone - Cell

Emergency contact:

Name

Relationship to Volunteer

City

Phone - Day Phone - Evening

Phone - Cell

I agree to the above *Medical Consent* YES NO

Volunteers Assisting the Disabled (VAD)

Adult Waiver & Release

In consideration of Volunteers Assisting the Disabled ("VAD") permitting me to attend VAD Summer Camp, I hereby, and for my heirs, executors, administrators, assigns, and all legal guardians, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE that I may have against VAD, its directors, officers, volunteers, medical staff, and cooperating entities, arising out of or resulting from any and all injuries or damages of any nature, including death, which I may suffer while taking part in VAD Summer Camp or any activities connected with the VAD Summer Camp. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE any or all of the Released Parties in connection with the event. I further understand that I assume all risks in participating in VAD Summer Camp. I further recognize that VAD and the camp cannot be held responsible for personal injury, death, and loss of clothing or personal property while at camp. I also acknowledge that any activity in which I may choose to participate with VAD campers or volunteers after the close of camp session is at my own risk.

This release shall be binding upon my heirs, executors, administrators, assigns and all legal guardians and me.

I agree to the above *Adult Waiver & Release* YES NO

Volunteers Assisting the Disabled (VAD)

Criminal Background Checks:

Have you ever been convicted of any crime including, but not limited to, those listed below?

YES NO

Assault and battery/ kidnapping/ distribution and trafficking of narcotics or other controlled substances/crimes of indecency/ sexual related crimes/ guns or weapons crimes.

If yes please explain and give dates of the occurrence and disposition of the criminal charges. (A "yes" answer will not automatically exclude you from consideration.)

Do you authorize VAD to conduct a criminal background investigation?

YES NO Social Security # (required): _____ Driver's license #: _____

Maiden or other surnames (if applicable): _____

I understand that:

- A) VAD may deny volunteer opportunities to any person who answers this question above in the affirmative or who answers any question falsely.
- B) In applying for a camp position the information which I have furnished on this form is subject to verification, which may include a criminal history check.
- C) VAD may deny volunteer service of any person for any reason in VAD's sole discretion.
- D) This disclosure statement is subject to review by all VAD staff with a need to know the contents of volunteer applications.
- E) VAD staff may question me further or other personnel associated with camp on any answer I provide at VAD's sole discretion.

I agree to the above *Statements* YES NO

Volunteers Assisting the Disabled (VAD)

SECTION FIVE ***VAD Summer Camp Practices & Policies Agreement

In an effort to ensure a safe and manageable camp atmosphere the following camp policies will be in effect and completely followed. Failure to comply with all of the policies will result in the expulsion of any volunteer or camper from the camp session. VAD is a volunteer organization and has accepted the responsibility to organize and operate this camp. The boards of directors for VAD have agreed on these policies and support the enforcement of them by the camp manager.

RESPECT: Each camp participant -- including campers, counselors, cabin leaders, activity staff, medical staff and administrative staff -- has a **RESPONSIBILITY** to respect the camp leadership, as well as the health and well-being of the VAD camp community. In order to set a tone of respect for the rights and feelings of others, ridiculing, embarrassing or frightening campers or volunteers, or cursing, ranting and disrupting activities cannot be tolerated. No person shall be deprived of food, isolated or subjected to corporal punishment, ridicule or abusive physical exercise, as a mean of punishment, either by volunteers or by campers. Doing so is grounds for sending the individual home and whenever appropriate, contacting the authorities.

CURFEW: There will be a curfew established during the camp session. This will require all campers and volunteers to respect the needs and desires of other participants to maintain a healthy and normal daily schedule.

MEDICAL SERVICES: The camp will provide medical care to anyone who becomes ill or injured during the camp session.. The camp medical staff or VAD Staff Camp Coordinator will arrange all treatment. Medication (prescription and over-the-counter) must be kept in the infirmary and dispensed by the medical staff. The medical staff must be advised promptly of any injuries, allergies or health problems.

TELEPHONE CALLS: Camp participants will not be paged for calls, except in case of emergency. Messages will be taken and left in the mailbox. The office phone cannot be used for personal calls. Pay phone is available if needed.

VALUABLES AND CASH: Everyone is urged not to bring highly valued clothing, personal belongings, or expensive computer equipment. Neither VAD nor the camp can be responsible for loss or damage to personal property.

CAMPSITE: Campers and volunteers may not leave the campgrounds without prior permission from the VAD Staff Camp Coordinator.

SMOKING: Smoking in any building is forbidden by law and is extremely dangerous. There is also no smoking allowed in any cabin or building doorways. Do not smoke while working with a camper (lifting, dressing, leading activities, pushing a wheelchair, feeding, etc).

ALCOHOL, DRUGS 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 sending an individual home and contacting the authorities. The possession of any weapon (firearm, knife, explosives, etc.) is strictly forbidden on camp property as well; the weapon will be confiscated, the individual will be sent home, and the authorities will be contacted.

MORAL BEHAVIOR: While we do not wish to prohibit social interaction among volunteers and/or campers, everyone is expected to behave in a morally upstanding way. Immodest clothing, excessive displays of affection and obscene, pornographic, or lewd materials are not allowed. Any sexual activity at camp is strictly forbidden. Notify the VAD Staff Camp Coordinator immediately if there are any concerns regarding personal contact with or among camp participants.

I have read the above Practices and Policies and agree to abide by the policies established for the VAD Summer Camp. I am fully aware that adhering to the above and any camp facility rules will be my sole responsibility. Deviation from these policies and rules may be cause for immediate dismissal from the Camp and I will have to make arrangements for transportation home at my own expense.

I agree to the above *Practices & Policies Agreement* YES NO

Volunteers Assisting the Disabled (VAD)

SECTION SIX ***VAD Summer Camp Rules & Regulations

1. Never Strike or Hit a camper.
2. Attendant should see that the camper's seat belt is used at all times.
3. There is no running with wheel chairs and brakes should always be engaged unless wheelchair is in motion.
4. VAD highly recommends that open toed shoes are not worn while walking around the camp grounds. If it is necessary they must have a hard sole bottom.
5. No one is permitted in the kitchen except kitchen staff and VAD staff with the exception of picking up food and/or returning dishes.
6. All cigarettes are to be disposed of properly. Please do not throw cigarette butts on the grounds.
7. Loud talking and shouting, as well as loud music is to be avoided once campers retire into their cabins for the night.
8. Swimming, as well as even being on the beach, is prohibited except for specified activities. If there is not a lifeguard on duty, you are not allowed to go beyond the gazebo.
9. Volunteers and campers are to respect each cabin's privacy. Be sure to knock before entering any cabin, especially a cabin of the opposite sex.
10. Do not leave your camper unattended! Make sure your cabin coordinator is aware of your whereabouts at all times. If you must leave your camper, be sure he/she is aware of where you are going and that your cabin coordinator or another attendant can fill in for you.
11. CURFEW IS 12:00AM-EVERYONE MUST BE IN THEIR CABINS!!!
12. ATTENDANCE TO ALL MEALS IS MANDATORY!!!

I agree to the above *Camp Rules and Regulations* YES NO

Volunteers Assisting the Disabled (VAD)

SECTION SEVEN ***Photo Consent Agreement and Roster Release

PHOTO CONSENT

VAD regularly photographs and films summer camp and participants in the camp program for fundraising and publicity purposes. The following consent form allows VAD to use your photograph or film for these purposes.

In consideration of Volunteer's Assisting the Disabled, ("VAD") permitting me to attend VAD summer camp, I hereby give my consent to VAD, it's officers, directors, volunteers and cooperating entities to use my name, picture, portrait, likeness, writings, biographical information, audiotape and/or videotape recordings and sound and/or silent motion pictures of me and my real and/or personal property in any medium for editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, and for any other purpose in furtherance of the corporate purposes and objectives of VAD. without payment to me.

In consideration of Volunteer's Assisting the Disabled, ("VAD") permitting me to attend VAD summer camp, I hereby give my consent to VAD, it's officers, directors, volunteers and cooperating entities to use my name, picture, portrait, likeness, writings, biographical information, audiotape and/or videotape recordings and sound and/or silent motion pictures of me and my real and/or personal property in any medium for editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, and for any other purpose in furtherance of the corporate purposes and objectives of VAD. without payment to me.

I agree to the above *Photo Consent* YES NO

ROSTER RELEASE

I hereby give my consent for my name, address and e-mail address to be included in the VAD Summer Camp Roster.

I agree to the above *Roster Release* YES NO

It is imperative that VAD is aware of any days you will be missing Camp. Although we do prefer you are at Camp for the entire week, we understand there maybe conflicting schedules. Please supply us with any date you will not be able to attend camp.

Note: VAD will do everything possible, within reason, to accommodate campers if their attendants must arrive late or leave early, however, if we do not have the staff required, we may have to ask a camper to arrive late to camp, or leave early, according to their attendants schedule.

I agree, to the best of my knowledge, that all the information provided is truthful & accurate and I will adhere to all policies, rules and regulations stated by VAD.

Signature Required

Date

In lieu of a signature, enter complete name. Select YES NO to validate information.