

Date Received (in Camp Office) _____

VOLUNTEER APPLICATION CAMP HOBÉ 2010 Children's Oncology Camp

Please mark when you can volunteer. Rank your choices (1 = first, 3 = last) if you mark more than one.

_____ Kids Week (6 – 12 yr olds): June 13 – 18, 2010 (Note: Directors and area leaders arrive on June 12)

_____ Day Camp (4 – 7 yr olds): June 20 – 22, 2010

_____ Teen Week (12 – 19 yr olds): June 20 – 25, 2010

Things to know about volunteering with Camp Hobé:

- To be eligible to volunteer with us, you must complete the ENTIRE application and sign the last page.
- If selected, volunteers must attend a mandatory staff workshop on the third Saturday in May from 8:30A-4P.
- Volunteers must arrive onsite for training and orientation before the campers' arrival and stay until the final staff meeting. Directors and area leaders arrive Saturday 6/12 for Kids Week; all other Kids Week volunteers arrive Sunday 6/13. All volunteers arrive Sunday 6/20 for Teen Week and Day Camp. For consistency and continuity in working with campers, it is critical that you are present for the entire session. We make exceptions ONLY for emergencies, such as medical problems or illness in the family.
- Volunteers are chosen based on the applicant's strengths, the campers' needs, and past performance. We make hiring decisions carefully and do not guarantee anyone a spot at camp, whether you are new or returning.

PERSONAL INFORMATION

Last Name First Name Middle Initial Nickname

Street Address City State ZIP Code

Home Phone Number Cell Phone Work Phone E-Mail Address

Profession Employer

Birth Date (needed for background check and volunteer placement)

T-Shirt Size (Circle one or we can't order a camp shirt for you): S M L XL XXL

Are you available to attend a personal interview? (circle one): Yes No

EMERGENCY CONTACT

Name Daytime Phone Number

Relationship Evening/Other Phone Numbers

MEDICAL INSURANCE (If special tests, treatments, X-Rays or medical consultations are needed)

Name of Insurance Carrier Policy Number Phone Number

Insurance Company Street Address City State ZIP Code

Physician Name Physician Phone Number

Physician Street Address City State ZIP Code

DIETARY INFORMATION – Please describe any special dietary needs you may have (food allergy, vegetarian, vegan, lacto-ovo-vegetarian, religious observances): _____

Office use only: New / Return Entered _____ Complete? _____ Interview: Prep _____ Date _____

AREAS OF INTEREST – Tell us which assignments interest you. Check ALL that apply; rank 1st and 2nd choice.

Cabin Counselor: Lives in a cabin with individual groups of campers, serving as their counselor and leader throughout the session. The cabin counselor is responsible for monitoring the daily health and safety of each camper assigned, and identifying and meeting the campers' needs (ie, involve them in activities, promote friendship within group).

Activity Counselor: Develops and/or runs program activities for campers and counselors during activity periods, under the direction of the Activity Leader and Program Director. May also serve as night counselors, who bunk with a specific cabin group and help the cabin counselor during evening programs, mealtime, and other free times. Activity counselors may also help with breaks, all-camp activities, and mealtime preparations. Review the following list, then put a "T" by any activities you can organize and teach as an expert, and an "A" by activities with which you can assist.

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Biking (mountain bikes) | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Field Games / Sports | <input type="checkbox"/> Music / Songleader / DJ | <input type="checkbox"/> Poetry / Writing |
| <input type="checkbox"/> Nature | <input type="checkbox"/> Photography / Video | <input type="checkbox"/> Rock / Wall Climbing | <input type="checkbox"/> Theater / Improv |
| <input type="checkbox"/> Lifeguard – current certificate (include copy of current CPR and Lifeguard card with this application) | | | |
| <input type="checkbox"/> Other (we are always looking for new program ideas!!) _____ | | | |

Medical Staff: Responsible for the general welfare of all campers while in residence at Camp Hobé, the medical staff provides for normal daily needs, as well as first aid and emergency treatment for injuries and illnesses that may occur. Check your current licensure below and include photocopies of your current license, BLS certification, and driver's license.

- Physician Nurse Practitioner Physician Assistant Registered Nurse / Licensed Practical Nurse

Kitchen Staff: Responsible for preparing and serving meals for volunteers and campers during the camp session. Include a copy of any food handling or ServeSafe certificates. Please indicate your specific interest below.

- Head Cook (runs kitchen, supervises kitchen assistants) Kitchen Assistant Dishwasher

List any other special interests, skills, or workshops you are willing to share at camp: _____

Do you play a musical instrument? If so, what kind and are you willing to help at campfire? _____

EXPERIENCE / MOTIVATION – Please answer each question below, or we cannot consider your application.

How did you find out about Camp Hobé? _____

Why do you want to volunteer at Camp Hobé? _____

If you've volunteered at Hobé before, how will you include / support new volunteers this summer? _____

What experience have you had with children. What did you enjoy most, and least, about them? _____

What experience(s) have you had with cancer or with cancer patients? _____

Have you volunteered / worked at a summer camp before? Please give camp name(s) and location(s): _____

ADDITIONAL EXPERIENCE

Do you have any medical background? Please describe: _____

What is your educational background? (degrees, certificates, etc): _____

BACKGROUND CHECK – This information is needed for conducting a criminal background check. It will be kept confidential.

Full Legal Name Social Security Number

Other Names Used (include maiden names, married names, or aliases)

List all Professional Licenses, the State(s) of Licensure, and License Numbers: _____

CONSENT FOR MEDICAL TREATMENT – The undersigned hereby grants permission to the medical staff or consulting physicians at Camp Hobé to administer medication & provide medical care, including any medical emergency care required. The undersigned gives consent for any emergency transportation deemed necessary.

MEDIA CONSENT – The undersigned hereby grants permission to Camp Hobé to photograph, use pictures or visual and audio tapes, or written materials for professional or fund raising activities through any medium including print, television, radio, or the Internet.

PROPERTY DAMAGE – The undersigned agrees to reimburse Camp Hobé for the cost of repairing or replacing facilities or property that is damaged by the undersigned.

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 any and all, and to hold harmless Camp Hobé Inc., its officers and directors, and all Camp agents, representatives, employees, and volunteers, from any and all liability, claims for personal injury and/or property damage, costs, expenses, and damages arising out of, or connected in any way with, the undersigned’s participation in camp activities. Further, the undersigned acknowledges that Camp Hobé accepts no responsibility for the loss, damage, or theft of any personal property. The undersigned agrees to indemnify Camp Hobé Inc., its officers, directors, and all Camp Hobé agents, representatives, employees, and volunteers, and hold them harmless from and against, and shall defend against, any and all claims and damages of every kind for injury to or death of any person or persons and for damage to and loss of property, arising out of or attributed, directly or indirectly, to the conduct of the undersigned at Camp Hobé.

MOTOR VEHICLE INFORMATION Do you have a valid driver’s license? (circle one) Yes No

If yes, provide the following information:

Driver’s License Number Class State of Issuance Expiration Date

Has your driver’s license been suspended or revoked in the last three years? (circle one) Yes No

If yes, give details: _____

Note: a valid driver’s license is NOT required for all Camp Hobé volunteers but may be required for placement in some positions, including medical staff, directors, and some program activity leaders.

