

VOLUNTEER APPLICATION

CAMP HOBÉ 2012 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 9 – 15, 2012 (Note: Directors and area leaders arrive on June 10)

_____ Day Camp (4 – 7 yr olds): June 17 – 19, 2012

_____ Teen Week (12 – 19 yr olds): June 17 – 22, 2012

Things to know about volunteering with Camp Hobé:

- We MUST have an email address for you. We communicate about camp business primarily by email. Once you send your application, please read your email at least once weekly to check for our messages.
- 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.
- Volunteer arrival date varies. Kids Week directors and area leaders arrive Saturday 6/9; all other Kids Week volunteers arrive Sunday 6/10. All Teen Week and Day Camp volunteers arrive Sunday 6/17.
- Volunteers must arrive at camp for training and orientation before the campers' arrival and stay until the final staff meeting. For consistency and continuity in working with campers, we need you 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 their 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
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Street Address	City	State	ZIP Code
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Home Phone Number	Cell Phone	Work Phone	E-Mail Address (required)
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Profession	Employer
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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
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Relationship	Evening/Other Phone Numbers
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MEDICAL INSURANCE (If tests, treatments, X-Rays or consultations are needed; *write NONE if no insurance*)

Name of Insurance Carrier	Policy Number	Phone Number
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Insurance Company Street Address	City	State	ZIP Code
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Physician Name	Physician Phone Number
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Physician Street Address	City	State	ZIP Code
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DIETARY INFORMATION – Please describe any special dietary needs you may have (food allergy, gluten sensitive, lactose intolerant, vegetarian, vegan, lacto-ovo-vegetarian, religious observances): _____

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 preparation. 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.

- ___ Archery ___ Arts & Crafts ___ Biking (mountain bikes) ___ Computers
- ___ Dance ___ Field Games / Sports ___ Music / Songleader / DJ ___ Poetry / Writing
- ___ Nature ___ Photography / Video ___ Rock / Wall Climbing ___ Theater / Improv
- ___ Lifeguard – current certificate (include copy of current CPR and Lifeguard card with this application)
- ___ 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 experiences have you had with children. What did you enjoy most, and least, about them? _____

What experience 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.

CRIMINAL OFFENSES – Note: a conviction does not automatically disqualify an applicant from volunteering. We will consider the date, nature, and seriousness of the offense.

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| 1. Have you been convicted of a felony in the last 10 years? | Yes | No |
| 2. Has anyone living with you been convicted of a felony in the last 10 years? | Yes | No |
| 3. Have you ever been convicted of child abuse, neglect, or any sexual offense? | Yes | No |
| 4. Have you ever been convicted of animal cruelty, abuse, or neglect? | Yes | No |
| 5. Are there any other facts or circumstances involving your background, or the background of others in your household, that would call into question your being trusted with the supervision, guidance, and care of young people? | Yes | No |
| 6. If you answered "Yes" to any of the above, please explain (include those matters for which you have plead guilty, no contest, or participated in a pre-trial diversion program): | | |

REFERENCES – Please list three references in the following areas: current or past employer, teacher, or counselor. We may contact these people to verify your experience and qualifications.

Name	Address	Telephone Number	Relationship
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To ensure the safety of our campers and volunteers, Camp Hobé conducts criminal background checks on adult volunteers and verifies all professional licenses (MD, NP, PA, RN, LPN) and certifications (CPR, First Aid, lifeguard). We need the following documentation or we cannot consider your application:

- Legible photocopy of your social security card, or other official document with social security number (the number must be readable).
- Other names you have used, including maiden names, married names, or aliases.
- Current address and any other addresses you have resided within the last seven (7) years. If your current address is temporary (school address) please list your permanent address as well. If you need more space, write additional addresses on another sheet of paper.

1.	_____	_____	_____	_____
	Address	City	State	ZIP Code
2.	_____	_____	_____	_____
	Address	City	State	ZIP Code
3.	_____	_____	_____	_____
	Address	City	State	ZIP Code

- Signed application form (sign below).
- Copy of current certificate if you are CPR, First Aid, lifeguard, ServeSafe, or food handler certified
- Copy of current license if you have a professional medical license (MD, NP, PA, RN, or LPN).

By signing below, I certify that all information on this volunteer application is complete and correct. I also agree to immediately update this application in writing if and when any of the information becomes inaccurate or incomplete. I hereby authorize Camp Hobé Incorporated to conduct a criminal background check and to contact any references listed on this application form. I understand that the falsification, misrepresentation, or omission of information requested is grounds for refusal to accept my volunteer application, or to terminate my volunteer status. If accepted as a volunteer, I agree to abide by the standards of Camp Hobé and to fulfill my volunteer responsibilities to the best of my abilities.

By signing below, I also certify that I will be present for the entire camp session.

Signature

Date

Please return by March 21, 2012 (priority deadline – March 1) to:
Camp Hobé, PO Box 520755, SLC, UT 84152-0755.
Please call us at 801-631-2742 if you have any questions.