

Date Received _____

VOLUNTEER APPLICATION
CAMP HOBÉ 2007
Children's Oncology Camp

Please indicate when you wish to volunteer (and are available) by checking the appropriate box. If you mark more than one session, please indicate your preference (1 = first choice, 3 = last choice).

- _____ Kids Camp (campers aged 6 – 12 yrs): June 2 – 8, 2007
- _____ Day Camp (campers aged 4 – 7 yrs): June 10 – 12, 2007
- _____ Teen Camp (campers aged 12 – 19 yrs): June 10 – 15, 2007
- _____ I am available and want to volunteer for both weeks (Kids Camp and Teen Camp)

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

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)

EMERGENCY CONTACT

_____	_____
Name	Daytime Phone Number

_____	_____
Relationship	Evening/Other Phone Numbers

MEDICAL / INSURANCE INFORMATION (To be used for special tests, treatments, X-Rays or medical consultations if necessary)

_____	_____	_____
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

ADDITIONAL INFORMATION

Do you have any special dietary needs? Please explain and give specifics (vegetarian, vegan, lacto-ovo-vegetarian, food allergies, religious observances): _____

Office use only: New / Return In-Person / Phone Entered_____ Interview Prep_____

EXPERIENCE and AREAS OF INTEREST

Please indicate which areas would be of interest to you (circle ALL that apply).

- | | | | |
|---------|---------------|--------------------------------|------------------|
| Archery | Arts & Crafts | Biking (mountain bikes) | Cabin Counselor |
| Dance | Field Games | Kitchen Staff / Assistant Cook | Poetry / Writing |
| Music | Nature | Rock / Wall Climbing | Theater |

Lifeguard – current certificate (include copy of current card with this application)

Other (please describe): _____

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

Do you play a musical instrument? If yes, what kind and would you be willing to help at campfire? ____

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

Do you have any medical background? Please explain: _____

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

List any experiences you have had with children: _____

Explain briefly why you would like to volunteer at camp: _____

Have you volunteered at a summer camp before? If so, please give name and location of the camp:

REFERENCES

Please list three references in the following areas: current or past employer, teacher, or counselor.

Name	Address	Telephone Number	Relationship
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CRIMINAL OFFENSES

- 1. Have you ever 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. 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
- 5. 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):

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

To ensure the safety of our campers and volunteers, Camp Hobé conducts criminal background checks on volunteers and verifies 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
2.	Address	City	State	Zip
3.	Address	City	State	Zip
4.	Address	City	State	Zip

- Signed application form (below).
- Copy of current certificate if you are CPR, First Aid, or lifeguard 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.

Signature

Date

Please return application by March 15, 2007 to: Camp Hobé, PO Box 520755, SLC, UT 84152-0755.
Please call us at 801-631-2742 if you have any questions.