



Dear Parents/Guardians,

We are excited to host Camp High Five's 18th summer session this year! We are happy to accept your child(ren)'s application(s) for camp at this time.

Our camp will be held from **Sunday, June 10th- Friday, June 15th, 2018**. We will, again, use Camp Twin Lakes' Will-A-Way site in Winder, Georgia. As usual, we will provide round-trip transportation for your child(ren). Parents may drop off campers in Atlanta, Augusta, Albany, Athens or Savannah on **June 10th** and pick them up on **June 15th**. We have a maximum of 100 camper spots this summer, and they will be filled by qualified applicants on a first-come, first-served basis.

Again this year, parents will have the option to submit camper applications by mail or online through CampDoc.com, an electronic health record system for camps. CampDoc.com gives camp medical staff instant access to camper health information, a key component in providing quality patient care. The confidentiality and privacy of your camper's personal health information will always be protected. CampDoc.com is secure, encrypted and password protected, and only Camp High Five staff will have access to camper health information. **Please note that the full application will be available on CampDoc.com. If you choose to complete your camper's application electronically, you will not be required to submit a hard copy to H.E.R.O. CampDoc.com will not create a record for your camper without your consent. If you chose to complete your camper's application electronically, please email our Interim Camp Director, Michelle Strauss, at mstrauss@heroforchildren.org.**

Please visit our website, www.heroforchildren.org, to find general information about camp. Please notify Ms. Strauss if you would like to apply through CampDoc.com. Otherwise, please complete and return the enclosed application and mark your calendar! **Applications are due by Wednesday, May 2nd, 2018.**

Thank you for your interest in Camp High Five. If you have any questions, please feel free to contact the Interim Camp Director, Michelle Strauss, by phone at (470) 321-3102 X249, by fax at (470) 321-3106, or by email at mstrauss@heroforchildren.org.

Sincerely,

Donna M. Drakes
Executive Director

MARK YOUR CALENDAR
DROP OFF: Sunday, June 10, 2018 (Location and Time TBA)
PICK UP: Friday, June 15, 2018 (Location and Time TBA)

H.E.R.O. for Children, Inc.
580 West Crossville Road, Suite #204
Roswell, GA 30075
Phone: 470-321-3102
Fax: 470-321-3106
www.heroforchildren.org



CAMP HIGH FIVE

Volunteer Application 2018

Summer Camp for HIV Affected Children

Camp Dates: June 10 – June 15, 2018

Application Deadline: MAY 9, 2018

PERSONAL INFORMATION				
Last Name		First Name		Middle Initial
Date of Birth	Age		Gender	
Street Address				
City		State	Zip	County
Cell Number		Home Number		Work Number
Email Address (please ensure accuracy of email address as this is our primary means of communication for all camp information)				
Occupation			Title	
Employer				
Employer Street Address				
City		State	Zip	Phone Number
Driver's License Number				State
Emergency Contact		Relationship		Phone Number
Vegetarian Diet <input type="checkbox"/> Yes <input type="checkbox"/> No		T-shirt Size <i>Adult</i> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL		
Do you speak any language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If so, which language(s)?				
Position for which you are applying <input type="checkbox"/> Cabin Counselor <input type="checkbox"/> Clinic Staff <input type="checkbox"/> Other _____				
Check the activities in which you have some experience or interest				
<input type="checkbox"/> arts/crafts	<input type="checkbox"/> archery	<input type="checkbox"/> horseback riding	<input type="checkbox"/> ropes course	
<input type="checkbox"/> swimming	<input type="checkbox"/> fishing	<input type="checkbox"/> canoe/boating	<input type="checkbox"/> kayaking	
<input type="checkbox"/> hiking	<input type="checkbox"/> biking	<input type="checkbox"/> sports	<input type="checkbox"/> tent camping	
<input type="checkbox"/> cooking	<input type="checkbox"/> painting	<input type="checkbox"/> pottery	<input type="checkbox"/> drama	
<input type="checkbox"/> dance	<input type="checkbox"/> clowning	<input type="checkbox"/> music	<input type="checkbox"/> nature studies	
<input type="checkbox"/> videos	<input type="checkbox"/> computers	<input type="checkbox"/> storytelling	<input type="checkbox"/> other (list)	

EDUCATION		
High School/GED Completion Date		
College Name	Years Attended/Graduation Date	
Major	Degree	
College Name	Years Attended/Graduation Date	
Major	Degree	
Other schooling/formal training/internships (including dates, licenses, degree or certifications [e.g. CPR, WSI, etc.]).		
WORK EXPERIENCE (Add sheets if necessary. Start from current position. Include all camp jobs and any military experience.)		
Employer	Position	
Address		
Phone	Fax	Supervisor Name
Employment Dates	Reason for Leaving	
Employer	Position	
Address		
Phone	Fax	Supervisor Name
Employment Dates	Reason for Leaving	
VOLUNTEER/COMMUNITY SERVICE EXPERIENCE (Add additional sheets, if necessary.)		
Organization	Position	
Address		
Phone	Fax	Supervisor Name
Nature of Work		
Dates	Reason for Leaving	
REFERENCES (Please provide at least two references that are not related to you.)		
Name	Nature of Relationship	Known Since
Email	Phone	
Name	Nature of Relationship	Known Since
Email	Phone	

GENERAL INFORMATION (Please explain any "yes" answers on a separate sheet)	
Have you ever been convicted of a felony? (A prior conviction will not automatically bar you from participating in Camp High Five's activities.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime in which a child was the victim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been charged with any crime related to the mistreatment, abuse, or molestation of children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you object to being fingerprinted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you abuse alcohol or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to be drug tested (in the event of an incident or under reasonable suspicion)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List other names by which you are known.	
Please answer the following questions in the space allotted.	
Why do you want to work with HIV-affected children?	
What experiences have helped prepare you for working at Camp High Five (include camp experience)?	
What are your most important qualifications for the job?	
List any additional experience you have working with children/youth?	
Are there any reasons why you may have difficulty performing any of the essential functions of the job for which you are applying (i.e. physical or medical conditions)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
Have you ever been hospitalized for mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
How did you hear about Camp High Five?	

MEDICAL INFORMATION

Last Name

First Name

Middle Initial

Physician's Name

Physician's Phone Number

Emergency Contact

Name

Relationship

Address

Home Number

Work Number

Cell Number

Health and Accident Insurance

Company

Address

ID Number

Group Number

Please check any conditions of which we should be aware: Hay fever Asthma Seizures Heart Disease Hypertension Diabetes Other _____ Other _____

Describe any current health conditions requiring medication or treatment.

List any medications taken regularly.

Allergies :

Medications: ___No ___Yes Describe:

Foods: ___No ___Yes Describe:

Environmental ___No ___Yes Describe:
(i.e. bee stings, Latex, etc.)

List any restrictions or limitations.

Describe any recent injuries or surgeries.

List any dietary restrictions.

Vegetarian Yes No

Camp High Five – Counselor Contract

If selected as a volunteer for Camp High Five, I agree to the following: I hereby authorize you to contact my references. I understand that this is an application only and is not a guarantee of a position. I agree to be familiar with and abide by the policies of Camp High Five, including those listed in the staff manual.

*Camp High Five strives to accept volunteers who are role models for the children we serve. In keeping with this, **smoking** will only be allowed in designated areas. Staff will only be permitted to smoke upon completion of nightly counselor duties. We trust that you will understand this policy.*

Camp High Five has permission to use my image or voice recording in print/film/video for use in any advertisement or promotion concerning Camp High Five. Such use includes, but is not limited to, any advertisement or promotion on television, radio, newspaper, magazine, promotional film/flier, etc.

I acknowledge that certain activities at Camp High Five have an increased risk of injury. I assume full responsibility for my safety. I agree to release and indemnify Camp High Five/H.E.R.O. for Children, Inc., its corporate entity and all of its officers, directors, agents, representatives, employees, volunteers, sponsors and donors from any claims, costs, expenses, and/or damages which I may sustain or incur by joining in such activities, unless restrictions for such activities are noted by me or my medical provider.

I understand that I must supply the camp with updated medical information (including prescribed medications) prior to the onset of camp.

I agree to report to Camp High Five administration any accident or injury at the time of the incident. In case of medical and/or surgical emergency, I authorize Camp High Five's medical staff to render to me or to arrange for me to receive any x-rays, anesthetic, medical, dental or surgical diagnosis, surgery, or treatment and hospital care which is deemed advisable to and is to be rendered under the supervision of any duly licensed medical provider (i.e. physician, dentist, surgeon, certified nurse practitioner, physician's assistant). I agree that any medical emergency is my responsibility.

I agree that any of my medical records or other personal health information in the possession Camp High Five may be released, as necessary, for me to receive emergency medical treatment or referral for emergency medical treatment while at camp, or for insurance purposes associated with such emergency medical treatment.

In addition, I understand that if I am based in Atlanta, I will be expected to attend a one-day staff training, to be held at a location and time TBA (additional trainings will be offered in other cities- dates to be determined), as well as online training about child abuse (details to come).

Camp will be held from Sunday, June 10 – Friday, June 15, 2018. Excluding emergency situations, I agree to arrive at camp on Saturday, June 9, 2018 and attend camp through the end of the session (except as designated by the Interim Camp Director).

Any falsification, misrepresentation, or incompleteness in this disclosure is, alone, grounds for disqualification or termination. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application. All information is correct as far as I know. I acknowledge that I have read, understand, and accept all terms and conditions listed above.

Signature _____ Date _____

Printed name

Signature

Date

H.E.R.O. for Children, Inc./Camp High Five is an Equal Opportunity Employer. All applicants are screened without regard to age, race, creed, national origin, sexual orientation, ethnic background or medical condition.

**CAMP TWIN LAKES, INC.
RELEASE, WAIVER, INDEMNIFICATION AND HEALTH AFFIRMATION**

By signing this Release, Waiver, Indemnification and Health Affirmation below, I intend to be legally bound hereby, for myself, my heirs, executors, administrators, successors, and assigns, and in consideration of Camp Twin Lakes, Inc.'s ("CTL") permitting me to attend and participate in activities at CTL's facility ("Camp Will-A-Way"), I hereby release and forever discharge CTL and any of its officers, directors, employees, and agents from and against any and all damages of any kind whatsoever arising out of any injury, illness, infirmity, disease, or loss of any kind, personal or property, to me during or related to my attendance at a camp at Camp Will-A-Way. I understand and certify that my participation in Camp High Five ("User Group") and its activities at Camp Will-A-Way is completely voluntary and I have familiarized myself with Camp High Five's program and activities at Camp Will-A-Way in which I will be participating. I recognize that certain hazards and dangers are inherent in Camp High Five's activities and programs, and I acknowledge that CTL cannot ensure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize, to the extent I will be attending and participating in activities at Camp Will-A-Way, the importance of knowing and abiding by the rules, regulations, and procedures for Camp High Five's camp at Camp Will-A-Way. I also agree to defend, indemnify and hold CTL and its officers, directors, employees and/or agents harmless from and against any and all damages, costs, claims, demands actions or causes of action sustained by any other person as a result of my participation at Camp Will-A-Way, whether caused, in whole or in part, by the negligence of CTL, its officers, directors, employees and/or agents; provided, however, that this provision shall not operate to require indemnification for any gross negligence or willful misconduct of CTL. Further, I attest that my health insurance will cover any medical and hospital expenses that I incur, and that I have received approval from a doctor authorizing me to participate in at least some of the activities at Camp Will-A-Way. I further agree to inform Camp High Five of activities in which I am not to participate.

I have read and hereby accept the conditions described above. As an adult applicant, I also give permission for myself to be treated by a doctor, if needed.

Adult Signature _____

Date _____

**CAMP TWIN LAKES, INC.
RELEASE AND WAIVER OF COPYRIGHT AND OTHER USAGE RIGHTS**

By signing the Release and Waiver of Copyright and Other Usage Rights below, I intend to be legally bound thereby, for myself, my executors, administrators, successors, and assigns, acknowledging that Camp Twin Lakes, Inc., ("CTL") has the right to photograph and/or videotape my participation in activities of CTL's facility and that CTL has the right to use photographs or other images of me in public relations activities and promotional materials including, but not limited to, videotapes, pamphlets, and brochures. I further acknowledge that CTL shall have all rights of copyright in and to such photographs and videotapes, and may exploit such copyright fully. I release and waive all rights and interests in and to such materials.

I have read and hereby accept the conditions described above. As an adult applicant, I also give permission for myself.

Adult/Guardian Signature _____

Date _____



**CAMP TWIN LAKES, INC.
REPORTING AND SUBSTANCE TESTING POLICY**

By signing below, I affirm my understanding that H.E.R.O./Camp High Five shall be responsible for and shall immediately notify CTL in writing, upon H.E.R.O./Camp High Five or any of its parties, volunteers or staff members first learning of any inquiries, indictments, warrants, notices or investigations by any governmental authority or law enforcement organization, including, without limitation, the Department of Family and Children’s Services, or any third party claims or demands, relating to any actual or alleged activities, incidents or injuries occurring on, about, near or relating in any way to the Camp Facilities or CTL, regardless of parties involved. Any breach of this covenant is a material breach of this Agreement.

I also understand that H.E.R.O./Camp High Five represents and warrants to CTL that H.E.R.O./Camp High Five has a drug screening policy in place that includes H.E.R.O./Camp High Five being required to cause any of its parties, volunteers and staff members to be subjected to prompt drug and substance screening and testing if an incident relating to drugs or substance abuse occurs, or if drug or substance abuse is reasonably suspected by H.E.R.O./Camp High Five or CTL (collectively, the “Screening Standard”). H.E.R.O./Camp High Five shall strictly adhere to the Screening Standard. Additionally, CTL may separately request for H.E.R.O./Camp High Five to perform such a screening as a condition precedent for any H.E.R.O./Camp High Five party or any volunteer or staff member to be present on the Camp Facilities or participate in any activities related to the Camp Facilities. Any failure of any such test shall result in that person not being allowed on or about the Camp Facilities. Any failure by H.E.R.O./Camp High Five to strictly adhere to the Screening Standard or the provisions of this Section is a material breach of this Agreement.

I have read and hereby accept the conditions described above. As an adult applicant, I also give permission for myself to be treated by a doctor, if needed.

Adult Signature _____ Date _____

CAMP TWIN LAKES LIABILITY AND RELEASE FORM

A. This agreement must be read and signed for you to be eligible to attend **Camp High Five at Camp Twin Lakes**.

Your Name: _____

I. PARTICIPATION CONSENT

I understand and certify that my participation in Camp High Five and its activities at Camp Twin Lakes is completely voluntary. I have familiarized myself with Camp High Five's program and activities at Camp Twin Lakes in which I will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but are not limited to, the activities of horseback riding, high and low elements ropes course, swimming, archery, gardening, cooking, biking, sports, and boating. I acknowledge that although Camp High Five and Camp Twin Lakes have taken safety measures to minimize the risk of injury to camp participants, Camp High Five and Camp Twin Lakes cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and agree to abide by the rules, regulations, and procedures for Camp High Five at Camp Twin Lakes. Further, I have received approval from a doctor authorizing me to participate in the Camp High Five activities at Camp Twin Lakes. I also agree to inform Camp High Five of any activities in which I may not participate.

II. LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and/or property damage as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and, by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge H.E.R.O. for Children, Inc./Camp High Five and Camp Twin Lakes, and any of their officers, directors, employees, partners, shareholders, board members, servants, agents and assigns from and against all claims, causes of action, damages, losses and/or expenses arising out of or relating to any injury, illness, or loss of any kind, known or unknown, including, but not limited to, injuries to property or person, to me during or related to my attendance at Camp High Five at Camp Twin Lakes.

III. MEDIA RELEASE

I give Camp High Five and Camp Twin Lakes the right to interview and/or to take photographs, audio or audio-visual recordings of me to be used in promotional, educational or fundraising materials, including, but not limited to videotapes, pamphlets and brochures. I understand that my name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. H.E.R.O. for Children, Inc./Camp High Five and Camp Twin Lakes shall have the right to use photographs or other images of me in promotion, educational or fund-raising materials. I acknowledge that Camp High Five or Camp Twin Lakes shall have all rights of copyright in and to such photographs and videotapes, and may use such copyright fully. I also hereby release H.E.R.O. for Children, Inc./Camp High Five and Camp Twin Lakes and its officers, agents and employees from all liability connected with the taking and use of these materials, as is authorized by Camp High Five and Camp Twin Lakes. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes.

IV. DISPUTES

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Atlanta, Fulton County, Georgia. The arbitration shall be administered by JAMS and conducted before a single arbitrator in accordance with the JAMS rules. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including, but not limited to, any claim that all or any part of this contract is void or violable.

Adult Signature _____

Date _____



Camp High Five Confidentiality Agreement

I recognize the importance of maintaining the confidentiality of specific and HIV-related information of campers and families that participate in the programs of H.E.R.O./Camp High Five. I do hereby agree that I will not divulge any confidential camper/family information to other campers or their families, or to persons that are not affiliated with H.E.R.O./Camp High Five.

I also understand that all families have authorized release of medical information in order to provide optimal care for their child while participating in H.E.R.O./Camp High Five camping programs.

Confidential medical information should be shared only to the extent minimally necessary and reasonable to provide for the safety and proper treatment of an individual camper.

I understand that complete camper information may be divulged to appropriate personnel affiliated with H.E.R.O./Camp High Five, as determined by the Interim Camp Director, Medical Director, H.E.R.O. Executive Director, Chairman of the Board of Directors, or his/her designee. If any issue, question or problem arises with respect to any specific request for camper information, I will immediately contact one of the aforementioned individuals.

I understand that I am prohibited from posting any photograph of a child attending camp in any public place or on social media. I agree to keep all personal photographs for my personal use. Distribution to any person or company for marketing is prohibited.

I understand the importance of maintaining strict confidentiality for campers/families with HIV disease. Finally, I understand that if I violate the terms of this agreement, I will be asked to terminate my involvement with H.E.R.O./Camp High Five without the option for return.

Signature _____ Date _____

Printed Name _____

H.E.R.O. for Children, Inc.
Camp High Five
580 West Crossville Rd, Suite 204
Roswell, GA 30075
(470) 321-3102
www.heroforchildren.org



CAMP HIGH FIVE 2018 VOLUNTEER APPLICATION INQUIRY AUTHORIZATION RELEASE

In connection with my application to volunteer with Camp High Five in 2018, I understand and agree that H.E.R.O. for Children, Inc. will request information from various federal, state, county and other agencies, including public and private sources, which maintain records concerning my criminal background.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This authorization is valid for any consumer report requested in reference to my criminal record during the 2018 calendar year. This release is valid for all federal, state, county and local agencies and authorities. I understand that I have the right to make a written request within a reasonable period of time for the complete and accurate disclosure of information concerning the nature and scope of the investigation.

Print **FULL** Name (including middle name)

Social Security Number _____ Date of Birth _____

Driver's License # _____ State _____

Current Address _____

City, State, and Zip Code _____

List Previous Addresses for the Past Five (5) Years:

Address	City, State and Zip Code
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Applicant's Signature _____ Date _____