



CAMP HIGH FIVE
Volunteer Application 2011
 Summer Camp for HIV Affected Children
 June 26 – July 1, 2011
Application Deadline: May 30, 2011

PERSONAL INFORMATION				
Last Name		First Name		Middle Initial
Date of Birth	Age		Gender	
Street Address				
City		State	Zip	County
Home Number		Work Number		Cell Number
Email Address				
Occupation			Title	
Employer				
Employer Street Address				
City		State	Zip	Phone Number
Driver's License Number <small>Please attach a clear copy of your driver's license (or other government issued photo ID).</small>				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"/> hiking	<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"/> biking	
<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	Phone	
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 who are not related to you.)			
Name		Nature of relationship	Known Since
Address		Phone	
Name		Nature of relationship	Known Since
Address		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
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:				
<input type="checkbox"/> Hay fever	<input type="checkbox"/> Asthma	<input type="checkbox"/> Seizures	<input type="checkbox"/> Heart disease	
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
Describe any current health conditions requiring medication or treatment.				
List any medications taken regularly.				
Allergies (include environmental, e.g. bee stings)				
List any restrictions or limitations				
Describe any recent injuries or surgeries				
Diet restrictions		Vegetarian <input type="checkbox"/> Yes <input type="checkbox"/> No		
Immunizations: Please provide dates (year) of your last vaccine for each of the following:				
Tetanus (dT or TdaP): ___/___/___		Influenza: ___/___/___, Never _____		
Chicken Pox vaccine: ___/___/___, None _____		H1N1 vaccine, if any ___/___/___, ___/___/___		
Have you ever had chicken pox? ___ Yes ___ No				
Tuberculosis Screening: This is an absolute requirement for camp attendance. Children who are HIV positive are at high risk for acquiring TB. If you have not had a TB skin test since July 3, 2010, you should have it repeated prior to camp this summer. If you have had a positive reaction previously, please list your last negative chest x-ray. Your local doctor or health department should be able to perform this procedure at minimal cost.				
Tuberculin Skin Test	Date Placed	___/___/___	Result	_____
Chest X-ray (If previously positive TST)	Date Placed	___/___/___	Result	_____

Camp High Five – Counselor Contract

If selected as a volunteer for Camp High Five, I agree with 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. In keeping with this, **smoking** will only be allowed in designated areas. Staff will only be permitted to smoke upon completion of nightly counselor meetings. 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, 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 Administrative Office 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 (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 I will be expected to attend a one-day staff training to be held on Saturday, June 4, 2011 in Augusta or on Saturday, June 11, 2011 in Atlanta.

Summer camp will be held June 26 – July 1, 2011. Excluding emergency situations, I agree to arrive at camp at the designated time and attend camp through the end of the session (except as designated by the 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 so far as I know. I acknowledge that I have read and understand and accept all terms and conditions listed above.

Signature _____ Date _____

Printed name

Signature

Date

H.E.R.O./Camp High Five is an Equal Opportunity Employer. All applicants are screened without regard to age, race, creed, national origin, 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 minor children, my wards, my heirs, executors, administrators, successors, and assigns, and in consideration of Camp Twin Lakes, Inc.'s ("CTL") permitting me/my child/my ward 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/my child/my ward during or related to me/my child/my ward's attendance at a camp at Camp Will-A-Way. I understand and certify that my/my child's/my ward's participation in H.E.R.O./Camp High Five ("User Group") and its activities at Camp Will-A-Way is completely voluntary and I have familiarized myself with H.E.R.O./Camp High Five's program and activities at Camp Will-A-Way in which I/my child/my ward will be participating. I recognize that certain hazards and dangers are inherent in H.E.R.O./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 and have instructed my child or my ward, to the extent my child or ward will be attending and participating in activities at Camp Will-A-Way, in the importance of knowing and abiding by the rules, regulations, and procedures for H.E.R.O./Camp High Five's camp at Camp Will-A-Way. I also agree to defend, indemnify and hold CTL and its officers, directors, employees, 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/my child's/my ward's participation at Camp Will-A-Way, whether caused in whole or in part by the negligence of CTL, its officers, directors, employees 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/my child/my ward incur and that I have received approval from a doctor authorizing me/my child/my ward to participate in at least some of the activities at Camp Will-A-Way. I further agree to inform H.E.R.O./Camp High Five of activities in which I/my child/my ward is not to participate.

I have read and hereby accept the conditions described above. As an adult applicant, or the legal guardian of a minor applicant, I also give permission for myself (or the minor child or ward) to be treated by a doctor if needed.

Adult Signature _____ Date _____

Name of Minor Child or Ward (if applicable): _____

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 minor children, my wards, my heirs, executors, administrators, successors, and assigns, acknowledging that Camp Twin Lakes, Inc., ("CTL") has the right to photograph and/or videotape my/my child's/my ward's participation in activities of CTL's facility and that CTL has the right to use photographs or other images of me/my child/my ward 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, or the legal guardian of a minor applicant, I also give permission for myself (or the minor child or ward).

Adult/Guardian Signature _____ Date _____

Name of Minor Child or Ward (if applicable): _____

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 camp director, medical director, President 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 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
4497 South Old Peachtree Road
Norcross, Georgia 30071
www.camphighfive.org



CAMP HIGH FIVE 2011 VOLUNTEER APPLICATION INQUIRY AUTHORIZATION RELEASE

In connection with my application to volunteer for Camp High Five in 2011, 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 2011 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 name _____

Social Security Number _____ Date of Birth _____

Driver's License # _____ State _____

Current Address _____

List Previous Addresses for the Past 5 Years:

Address

City, State and Zip Code

Address	City, State and Zip Code
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Applicant's Signature _____ Date _____