



# CAMP HIGH FIVE

## Volunteer Application 2010

Summer Camp for HIV Affected Children

July 4 – 9, 2010

**Application Deadline: May 30, 2010**

PERSONAL INFORMATION				
Last Name		First Name		Middle Initial
Date of Birth	Age	Gender	Social Security Number	
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 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	

other (list)			
<b>EDUCATION</b>			
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.))			
<b>WORK EXPERIENCE</b> (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	
<b>VOLUNTEER/COMMUNITY SERVICE EXPERIENCE</b> (Add additional sheets if necessary)			
Organization		Position	
Address			
Phone	Fax	Supervisor Name	
Nature of Work			
Dates		Reason for leaving	
<b>REFERENCES</b> (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	

<b>GENERAL INFORMATION</b> (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	
<b>Please answer the following questions in the space allotted.</b>	
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?	

<b>MEDICAL INFORMATION</b>				
Last Name		First Name		Middle Initial
Physician's Name			Physician's Phone Number	
<b>Emergency Contact</b>				
Name			Relationship	
Address				
Home Number		Work Number		Cell Number
<b>Health and Accident Insurance</b>				
Company				
Address				
ID Number			Group Number	
<b>Please check any conditions of which we should be aware:</b>				
<input type="checkbox"/> Hay fever	<input type="checkbox"/> Asthma	<input type="checkbox"/> Seizures	<input type="checkbox"/> Heart defect/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				
Date of last Tetanus shot ___/___/_____			Date of last chicken pox vaccination ___/___/_____	
List any restrictions or limitations				
Describe any recent injuries or surgeries				
Diet restrictions				
<b>Tuberculosis Screening</b>				
Tuberculin Skin Test		Date Placed ___/___/_____		Result _____
Chest X-ray (If previously positive TST)		Date Placed ___/___/_____		Result _____
<b>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 June 30, 2009, you should have it repeated prior to camp this summer.</b> 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.				
Have you received the H1N1 vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Dates of <b>H1N1 flu vaccination</b> ___/___/_____, ___/___/_____				
Although <b>H1N1 vaccination</b> is not required, it is strongly encouraged to provide a healthy environment for everyone at camp.				

## 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 5, 2010.**

**Summer camp will be held July 4 – 9, 2010. 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](http://www.camphighfive.org)



## CAMP HIGH FIVE 2010 VOLUNTEER APPLICATION INQUIRY AUTHORIZATION RELEASE

In connection with my application to volunteer for Camp High Five in 2010, 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 2010 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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_