



Dear Prospective 2024 Volunteer,

We are excited to host Camp High Five's 22<sup>nd</sup> session this year! Attached/enclosed, please find an application to volunteer with Camp High Five this summer. **Our camp will be held from Sunday, June 16<sup>th</sup> through Friday, June 21<sup>st</sup>, 2024. Volunteers must report for duty on Saturday, June 15<sup>th</sup>.** This year, we will return to Camp Twin Lakes' Will-A-Way site in Winder, GA. As usual, bus/van transportation to/from the camp site will be available. We will need some volunteers to accompany the campers on the buses/vans, and others to greet campers upon their arrival at Camp Twin Lakes/Will-A-Way.

We continue our commitment to making sure it is safe for everyone while the COVID-19 virus is still present in the world. The following may change at any time before Camp if we learn new information that will either help or make it difficult to keep everyone safe:

1. Though it is not required at this time, **we STRONGLY recommend that everyone get a COVID-19 vaccine/booster** as soon as they possibly can so they will be fully-vaccinated in time for Camp.
2. It can take up to 5 or 6 weeks after the first COVID-19 vaccine dose for someone to have the best response. Therefore, **it is best to start vaccination before May 1, 2024.** However, later vaccination will not keep you from volunteering with us.
3. There may be vaccinated campers or staff who may not have strong responses to the vaccine because of weakened immune systems, and/or unvaccinated individuals at our camp site. Because of this, **we will require EVERYONE to wear masks indoors** in certain circumstances and on the buses/vans.
4. We will expect campers and staff to keep safe, physical distances from each other when together indoors and/or under specific circumstances, such as eating and drinking.
5. We will no longer require a test for TB **unless** you answer "YES" to any of the TB screening questions on page 4 of the application. If necessary, it is best to have the TB test (either skin or blood test) before a COVID-19 vaccine/booster to be sure the vaccine/booster does not affect the TB test results.
6. All volunteers will be required to take a COVID-19 test during check-in on June 15<sup>th</sup>. We will make arrangements for and provide more information regarding this closer to Camp.
7. Though we will take the necessary steps to maximize safety, neither H.E.R.O. for Children, Inc./Camp High Five nor Camp Twin Lakes/Will-A-Way can guarantee a COVID-19 free environment. Therefore, volunteers attending Camp High Five 2024 will be doing so at their own, personal health risk.

All volunteers will be expected to complete a **training session (date and time frame TBA)**. Please be aware that online, mandated reporter training is also required; this will be discussed in detail at training. You will be given further information regarding training in the near future. All volunteers are expected to stay at Camp for the duration of the session, unless authorized by the Assistant Camp Director, Tylah Hankerson.

This year, volunteers will, once again, have the option to submit applications by mail, email, fax or online through our Active Works platform (see application for details). Please note that the full application will be available on Active Works. Active Works will **not** create a record for you without your consent. If you select this option, you will not be required to submit a hard copy of the application.

If you do not wish to use Active Works to submit your application, please complete the attached/enclosed application and mark your calendar. **Applications are due by Monday, May 20<sup>th</sup>, 2024.** Once your completed application has been received, the Assistant Camp Director, Tylah Hankerson, will contact you to schedule an interview (new applicants only). **Please see the checklist on the next page regarding all requirements for completed volunteer applications.**

Thank you for your interest in volunteering with Camp High Five 2024. Please check our website, [www.heroforchildren.org](http://www.heroforchildren.org), for general information about our Camp and/or other H.E.R.O. for Children, Inc. programs and services. If you have any questions, comments, suggestions and/or ideas, please feel free to contact the Assistant Camp Director, Tylah Hankerson, at (470) 321-3102 X249, or at [thankerson@heroforchildren.org](mailto:thankerson@heroforchildren.org).

Sincerely,

*Michelle Strauss*

Michelle Strauss  
Director  
Camp High Five

H.E.R.O. for Children, Inc.  
580 West Crossville Rd, Suite 204  
Roswell, GA 30075  
P: (470) 321-3102 X249 F: (470) 321-3106  
[www.heroforchildren.org](http://www.heroforchildren.org)

**A COMPLETED 2024 CAMP HIGH FIVE VOLUNTEER  
APPLICATION WILL INCLUDE:**

- Completed application
- Completed inquiry authorization (background check) release form
- TB screening (see page 4 of the application for details)
- Immunization record
- Completed mandated reporter training documentation (details and website to follow)
- COVID-19 test results (completed at check-in)



**CAMP HIGH FIVE**  
**Volunteer Application 2024**  
 Camp for Children Affected by HIV  
**Camp Dates: June 15 – June 21, 2024**  
**Application Deadline: MAY 20, 2024**

PERSONAL INFORMATION				
Last Name		First Name		Middle Initial
Date of Birth	Age		Gender at Birth	
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 (used for background check)				Issuing State of Driver's License
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"/> videography	<input type="checkbox"/> computers	<input type="checkbox"/> storytelling	<input type="checkbox"/> other _____	

<b>EDUCATION</b>		
High School/GED Completion Date		
College Name	Years Attended/Graduation Date	
Major	Degree	
College/University 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's Name
Employment Dates	Reason for Leaving	
Employer	Position	
Address		
Phone	Fax	Supervisor's Name
Employment Dates	Reason for Leaving	
<b>VOLUNTEER/COMMUNITY SERVICE EXPERIENCE</b> (Add additional sheets, if necessary.)		
Organization	Position	
Address		
Phone	Fax	Supervisor's Name
Nature of Work		
Dates	Reason for Leaving	
<b>REFERENCES</b> (Please provide at least two references that are not related to you.)		
Name	Nature of Relationship	Known Since (Year)
Email	Phone	
Name	Nature of Relationship	Known Since (Year)
Email	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
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 (if any).	
<b>Please answer the following questions in the space allotted.</b>	
Why do you want to work with children affected by HIV?	
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. Answering "Yes" will not automatically exclude you from volunteering.	
How did you hear about Camp High Five?	

<b>MEDICAL INFORMATION</b>			
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 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.			
<b>TB Screening:</b>			
Have you recently been in contact with someone diagnosed with TB within the last year? __YES __NO			
Have you travelled to any of the following countries within the last year (please check all that apply):			
<input type="checkbox"/> India <input type="checkbox"/> China <input type="checkbox"/> Indonesia <input type="checkbox"/> Pakistan <input type="checkbox"/> Nigeria			
If your answer to either of the above questions is "YES", further testing will be required. Please contact the Camp Director for instructions.			
List any medications taken regularly.			
<b>Allergies:</b>			
Medications:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Describe:
Foods:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Describe:
Environmental (i.e. bee stings, Latex, etc.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Describe:
List any restrictions or limitations.			
Describe any recent injuries or surgeries.			
List any dietary restrictions.		Vegetarian <input type="checkbox"/> Yes <input type="checkbox"/> No	

## COVID-19 INFORMATION

(Please answer the following questions regarding your potential exposure to the coronavirus and Covid-19 vaccination. Though not required at this time, **Covid-19 vaccination is strongly encouraged** for all volunteers. We reserve the right to change this rule, depending upon the state of Covid-19 in Georgia closer to our camp session.)

Has anyone in your household been diagnosed with Covid-19?  Yes  No If yes, please provide details (i.e. who, dates, was hospitalization required, are there lasting effects, etc.).

Have you received a Covid-19 vaccine? *NOTE: the vaccine is strongly RECOMMENDED for camp attendance, but not required.*  Yes  No

If yes, which vaccine did you receive (please check one)?  Moderna  Pfizer  Johnson & Johnson  
 Novavax

If yes, when did you receive your most recent vaccine/booster?

Date: \_\_\_\_\_

If no, will you have received a vaccine/booster by June 1, 2024?  Yes  No



**H.E.R.O. FOR CHILDREN, INC./CAMP HIGH FIVE 2024 – COUNSELOR CONTRACT**

*If selected as a volunteer for Camp High Five, I agree to the following: I hereby authorize Camp High Five management 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.*

*Though we will take the necessary steps to maximize safety, neither H.E.R.O. for Children, Inc./Camp High Five nor Camp Twin Lakes/Will-A-Way can guarantee a Covid-19 free environment. Therefore, if I elect to volunteer with Camp High Five 2024, I will be doing so at my own personal health risk.*

*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 H.E.R.O. for Children, Inc./Camp High Five, Camp Twin Lakes/Will-A-Way, their corporate entities and all of their 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 Camp High Five management 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, anesthetics, medical, dental or surgical diagnoses, 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 High Five, or for insurance purposes associated with such emergency medical treatment.*

***In addition, I understand that I will be expected to attend a training session (date and time frame TBD), as well as complete online training about child abuse (details to come).***

***Camp High Five will be held from Saturday, June 15 – Friday, June 21, 2024. Excluding emergency situations, I agree to arrive at Camp on Saturday, June 15, 2024 and attend Camp through the end of the session (except as designated by the Assistant Camp Director).***

*I understand that 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.*

Printed name	Signature	Date
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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, gender, national origin, sexual orientation, ethnic background or medical condition.



## **CAMP TWIN LAKES/WILL-A-WAY REPORTING AND SUBSTANCE TESTING POLICY**

By signing below, I affirm my understanding that H.E.R.O. for Children. Inc. (H.E.R.O.)/Camp High Five shall be responsible for and shall immediately notify Camp Twin Lakes/Will-A-Way 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 of Camp Twin Lakes/Will-A-Way, 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 Camp Twin Lakes/Will-A-Way 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 Camp Twin Lakes/Will-A-Way (collectively, the "Screening Standard"). H.E.R.O./Camp High Five shall strictly adhere to the Screening Standard. Additionally, Camp Twin Lakes/Will-A-Way may separately request 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 volunteers/staff 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 me to be treated by a doctor, if needed.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

# H.E.R.O. FOR CHILDREN, INC./CAMP HIGH FIVE AND CAMP TWIN LAKES CAMP RELEASE FORM

This agreement must be read and signed for you to be eligible to attend the Hearts Everywhere Reaching Out for Children, Inc. (H.E.R.O.) Camp High Five at program Camp Twin Lakes.

Name: \_\_\_\_\_

I. PARTICIPATION CONSENT I understand and certify that my participation in the H.E.R.O./Camp High Five program and its activities at Camp Twin Lakes is completely voluntary. I have familiarized myself with the H.E.R.O./Camp High Five 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, lake swimming, and boating. I acknowledge that although H.E.R.O./Camp High Five and Camp Twin Lakes have taken safety measures to minimize the risk of injury to camp participants, H.E.R.O./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 the importance of knowing and abiding by the rules, regulations, and procedures for the H.E.R.O./Camp High Five program at Camp Twin Lakes. Further, I attest that my health insurance will cover any medical and hospital expenses that I incur, and I have received approval from a doctor authorizing me to participate in H.E.R.O./Camp High Five activities at Camp Twin Lakes. I also agree to inform H.E.R.O./Camp High Five of any activities in which I may not participate. I understand and agree that I will be in an environment that involves elements related to nature, camping or community living, such as insects and insect bites, sun exposure, or communicable illnesses.

II. LIABILITY RELEASE I, the undersigned, understand 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, 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./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 in the H.E.R.O./Camp High Five program at Camp Twin Lakes.

III. MEDIA RELEASE I do\_\_\_ I do not\_\_\_ give H.E.R.O./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 agreeing to this media release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. H.E.R.O./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 H.E.R.O./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./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 H.E.R.O./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.

*(Continued on page 9)*

***(Continued from page 8)***

IV. PROGRAM AND OUTCOMES EVALUATION I do\_\_\_ I do not\_\_\_ give H.E.R.O./Camp High Five and Camp Twin Lakes permission to survey me in confidential and voluntary program evaluation at Camp Twin Lakes. I understand that my name will not be used in conjunction with surveys, and the data collected will be used to improve programming at Camp Twin Lakes and other camps and programs.

V. 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Active Works Notice to Volunteers

Dear Volunteers,

As an organization, we are constantly looking to improve the accuracy and efficiency of the application process for Camp High Five. We recognize that the application contains private and sensitive data regarding your health, and maintaining confidentiality is one of our main goals. Application information is used by camp staff before and during the camp session to ensure that you have the best possible experience. In prior years, Camp High Five has used CampDoc.com as not only an electronic health record, but to process applications online, as well. This year, Camp High Five will use Active Works, an electronic health record system that we have found to be more user-friendly and provides more functionality than CampDoc.com (including the ability to communicate with volunteers through the platform). It follows the standards of electronic health recordkeeping that are currently being used by clinics and hospitals nationwide. Active Works information is kept on a secure server behind a firewall, all data is encrypted, and it is password-protected to be accessed only by approved Camp High Five staff members. It is very safe and is used by numerous camps around the world. By using Active Works, we are eliminating the possibility of paperwork being lost, stolen, or destroyed. In addition, it allows Camp High Five staff to provide you with timely and well-informed medical care.

You are invited to choose between submitting the paper application by mail, email, or fax, or online through Active Works. If you choose not to use Active Works, you may return your application to the H.E.R.O. office by mail, email at [mstrauss@heroforchildren.org](mailto:mstrauss@heroforchildren.org), or fax to (470) 321-3106. If you would like to complete our application using Active Works, please contact Camp High Five's Camp Director, Michelle Strauss, at (470) 321-3102 ext. 249 or [mstrauss@heroforchildren.org](mailto:mstrauss@heroforchildren.org).

If you have any questions regarding Active Works, please visit their website at [www.activeworks.com](http://www.activeworks.com). For specific concerns regarding your medical information, please contact Camp High Five's Camp Director, Michelle Strauss, at (470) 321-3102 ext. 249 or [mstrauss@heroforchildren.org](mailto:mstrauss@heroforchildren.org). Thank you for your cooperation.

Michelle Strauss  
Director  
Camp High Five



## CAMP HIGH FIVE 2024 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. for Children, Inc. (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(ren) while participating in H.E.R.O./Camp High Five activities. **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 Assistant Camp Director, Camp Director, Medical Director, H.E.R.O. Executive Director or his/her/their 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 living 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 2024 VOLUNTEER APPLICATION INQUIRY AUTHORIZATION RELEASE

In connection with my application to volunteer with Camp High Five 2024, 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 individuals' criminal backgrounds.

I understand that **this form is only valid with a wet (NOT electronic) signature.** 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 2024 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 this 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Date \_\_\_\_\_