



Volunteer Application

2018 Camp STAR Dates: August 9th-12th, including mandatory orientation for all volunteers.

Due Friday, June 22

Camp STAR is a program of the Upper Peninsula Children's Bereavement Network (UPCBN), in partnership with Bay Cliff Health Camp.

The information about you will be used by the camp staff to determine the best role for you as a volunteer. Our priority is to ensure the best possible care and safety for the children who will be attending. It will also help us to match you with a child or role that best fits you and your interests. All volunteers must fill out the medical history and medical information and waiver in case of an emergency. Please answer all questions as completely as possible. All information will be kept confidential.

Please return this application as soon as possible.

Be sure to include 3 complete references and a photo of yourself if you have not worked with us in the past!

First	Middle	Last	(Nickname if Applicable)
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Sex _____	Date of Birth _____
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() _____	() _____
Phone # (Home)	2nd Phone (Work/Cell)

Street Address	City	State	Zip Code
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Email address _____

Driver's License Number	State	Exp. Date
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Has your driver's license been revoked?	If yes, for what reason: _____
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Occupation

Employer

Emergency Contact

Relationship

Phone # (Home)

2nd Phone (Work/Cell)

Have you been to Camp STAR before? If so, what was your role?

What areas are you interested in?

- Camp Buddy Activities Helper/Organizer Group Leader or Co-Leader
 Computer Work Speaker Help with Donations Other: _

If you'd like to volunteer as a camp buddy, group leader or co-leader, what age group do you prefer to work with?

(Please list your 1st, 2nd and 3rd choice.)

_____ 8 & 9 yr olds _____ 10 & 11 yr olds _____ 12 & 13 yr olds _____ 14-16 yr olds

What experience do you have with grief? If you have experienced the loss of a loved one, please explain. This will help us know how to best match you with a role within the Camp STAR staff.

NOTE: For returning volunteers please address this question if you have experienced a loss since the last Camp STAR you attended.

Relationship of Person who Died _____ Date of Death _____ Cause of Death _____

Are you certified in First Aid and/or CPR? Are you Lifeguard certified? (attach copies of certifications)

Any additional comments or information that you would like to share that would be helpful to us in better understanding you and your role as a Camp STAR volunteer?

Do you foresee any difficulty performing the duties of the job for which you are applying? _____ **If yes, what accommodations would you need?**
(attach additional sheet if necessary)

Do you have any personal circumstances, medical conditions or mental health concerns that should be known to the camp administration? _____ **If yes, please explain.** (attach additional sheet if necessary)

Will an environment that prohibits the use of tobacco and alcohol products be a problem for you? _

Have you had personal involvement with substantiated cases of child abuse or neglect? _____ **If yes, please explain.**

Have you ever had personal involvement in any incidents of questionable or inappropriate interactions with children?

Or concerning the care and management of children? _____

Have you ever been convicted of physical or sexual abuse of children? Have you ever been convicted of any other felony or misdemeanor crimes? _____

Are there any charges presently pending against you? _____ If yes to any of the above questions, please explain.
(attach additional sheet if necessary)

Have you ever received disciplinary action at work or been released from employment for disciplinary or performance reasons? _____ If yes, please explain.

If you have not participated in Camp STAR in the past please answer the following:

How did you learn about Camp STAR?

What interests you most about volunteering for Camp STAR?

What experience do you have working with children?

What experience do you have camping or in the outdoors?

Do you have any special training or experience in other fields which may have a bearing on your role or contribution to camp?

What are your interests and hobbies?

What school & community activities have you been involved in within the last 5 years?

For new applicants only:

Employment History & References Please provide complete addresses and phone numbers!

1. From _____ To _____
Address & Phone: _____
Reason for Leaving: _____
2. From _____ To _____
Address & Phone: _____
Reason for Leaving: _____
3. From _____ To _____
Address & Phone: _____
Reason for Leaving: _____

Three Personal References (*excluding family members*). Please provide complete addresses and phone numbers!

Name: _____ Relationship _____
Phone (____) _____
Address: _____
City _____ State _____ Zip Code _____

Name: _____ Relationship _____
Phone (____) _____
Address: _____
City _____ State _____ Zip Code _____

Name: _____ Relationship _____
Phone (____) _____
Address: _____
City _____ State _____ Zip Code _____

TRUTH OF STATEMENTS AND AUTHORIZATION FOR REFERENCES

The information I have given in this application is true and complete to the best of my knowledge. I hereby authorize UPCBN/BayCliff Health Camp to contact references, past or present employers, persons, schools, law enforcement agencies, and any other source of information that may be relevant to my application for volunteer employment. I release the camp, past or present employers and others from liability in connection with the same. I also understand that, if employed as a volunteer, any untrue, misleading, or omitted information may result in my dismissal. *I have read, understand, and agree to the above statements.*

Signature _____ Date _____

PRINT Legal Name _____

Maiden/Previous Name(s) _____

STATEMENT OF CONFIDENTIALITY:

I understand that information regarding Camp STAR campers, their families, staff and any person receiving support or services in any capacity is privileged information for use by authorized person(s) only. I will disclose such information only in the discharge of my assigned duties and responsibilities with UPCBN to person(s) authorized to receive such information through the signed consent. I will not disclose any information with anyone unauthorized to receive this information. I will handle any and all paperwork and forms with proper procedure and control so that no information is accidentally observed or released to any unauthorized person(s). I also understand that the casual sharing of camper, camper families, staff and volunteer information in public places or settings is inappropriate.

I have read and understand the preceding Statement of Confidentiality and agree to abide by it:

Volunteer's Signature

Date

Camp STAR Volunteer Health History Form

Volunteer's Full Name _____

Date of Birth _____ **Age** _____ **Sex** _____

Street Address _____ **City** _____ **State** _____ **Zip Code** _____

Physician: _____ **Physician's Phone:** _____

Name of Insurance Subscriber: _____

Name of Insurance Provider: _____ **HMO #:** _____

Contract/Group/ID#: _____

Emergency contact: _____ **Relationship:** _____

Phone: _____ **2nd Phone (work/cell):** _____

Date of last tetanus shot: _____

Please list any health problems we should be aware of such as: allergies, seizure disorder, diabetes, hearing, asthma, heart or kidney problems, etc.:

Have you had any recent illnesses/contagious conditions? _____ If yes, please explain: _

Please list any dietary restrictions or food allergies: _

Please list any activities that should be limited or are prohibited by a physician (include any adaptations):

Please list all over-the-counter, non-prescription and prescription drugs taken regularly:

Name of Medication	Reason for Taking	Dosage/Time Given	Notes: (side effects)

Pack enough medication to last the entire weekend at camp (Friday afternoon through Sunday afternoon). Keep all medication in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. Upon arrival of camp at check-in we will update any changes to medications. Please bring all medications in a Ziploc bag labeled with your name.

Do you have any allergies to medications? Please list, along with reaction:

Volunteer

authorization

for

Volunteer's full name (Print)

All health history is correct and complete to the best of my knowledge. I hereby give permission to the medical personnel selected by the UPCBN to provide routine health care; to administer medications and treatment; to order x-rays and routine tests; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me. In the event of an Emergency, I hereby give permission to the physician selected by the UPCBN to secure and administer treatment, including hospitalization. All minor medical needs will be cared for by the on-site Camp STAR nurse(s).

Volunteer's Signature

Date

T-Shirt Size:

Adult: Small Medium Large X-Large

Due Friday, June 22

Please mail completed application to:

Camp STAR
Upper Peninsula Children's
Bereavement Network PO Box
878
Marquette, MI 49855