



VOLUNTEER APPLICATION

2022 Camp STAR Dates: August 11th – 14th. This includes mandatory orientation for all volunteers.
DUE FRIDAY, JUNE 24th

Camp STAR is sponsored by STAR Children's Bereavement Services and is located at Bay Cliff Health Camp.

The information gathered 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

First _____ Middle _____ Last _____

Nickname (if applicable) _____ Sex _____ Date of Birth _____

T-Shirt size: Small Medium Large X-Large

Cell Phone _____ 2nd Phone (Work/Home) _____

Street Address _____ City _____ State _____ Zip _____

E-Mail _____

Driver's License # _____ State _____ Expiration Date _____

Has your driver's license been revoked? ____ YES ____ NO If yes, please explain:

Occupation _____ Employer _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Cell Phone: _____ 2nd Phone (work/home) _____



Have you been to Camp STAR before? ____ YES ____ NO If yes, 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 are interested in volunteering as a camp buddy, group leader or co-leader, what age group do you prefer to work with? Please list your preference with 1st, 2nd, 3rd, and 4th choice.

____ 8 & 9 years old ____ 10 & 11 years old ____ 12 & 13 years old ____ 14 – 17 years old

What is your experience with grief? If you have experienced the loss of a loved one, please explain in the space below. This will help to match you with a role within Camp STAR. Attach additional sheets if necessary. For returning volunteers, please address this question if you have experienced a loss since the last Camp STAR you attended.

Name of the loved one who died: _____ Relationship: _____

Date of death: _____ Cause of death: _____

Name of the loved one who died: _____ Relationship: _____

Date of death: _____ Cause of death: _____

Name of the loved one who died: _____ Relationship: _____

Date of death: _____ Cause of death: _____



Are you First Aid, CPR, or lifeguard certified? YES NO If yes, please attach copies of certifications.

Are there any additional comments or information that you would like to share that may be helpful in better understanding you?:

Do you foresee any difficulties performing the duties of the job for which you are applying? YES NO
If yes, what accommodations would you need? Attach additional sheets if necessary.

Do you have any personal circumstances, medical conditions, or mental health concerns that should be known to the camp administration? YES NO If yes, please explain. Attach additional sheets if necessary.

Bay Cliff Health Camp prohibits the use of tobacco and alcohol. Will an environment that prohibits the use of tobacco and alcohol be a problem for you? YES NO

Have you had personal involvement with substantiated cases of child abuse or neglect? YES NO
If yes, please explain:

Have you ever had personal involvement in any incidents of questionable or inappropriate interactions with children? YES NO If yes, please explain:

Have you ever had personal involvement in any incidents concerning the care and management of children? YES NO If yes, please explain:

Have you ever been convicted of physical or sexual abuse of children? YES NO
If yes, please explain:



Have you ever been convicted of any other felony or misdemeanor crimes? ___YES ___NO
If yes, please explain:

Are there any charges presently pending against you? ___YES ___NO If yes, please explain:

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

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 experiences 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 and community activities have you been involved in within the last 5 years?



Employment History & References

- 1. From _____ To _____ Employer _____
Address & Phone: _____
Reason for Leaving: _____

- 2. From _____ To _____ Employer _____
Address & Phone: _____
Reason for Leaving: _____

- 3. From _____ To _____ Employer _____
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/Bay Cliff 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) _____



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

Name: _____ Relationship: _____

Cell Phone: _____ 2nd Phone (work/home) _____

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? ____ YES ____ NO 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	Reasons for taking	Dosage/Time Given	Notes: (side effects)

Pack enough medication to last the entire weekend at camp (Thursday morning 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? ____YES ____ NO If yes, please list all medications along with reaction:

Volunteer authorization for

Print Volunteer's full name

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



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

DUE FRIDAY, JUNE 24th

Once you have completed your application, please email or mail to:

E-mail

upcampstar@gmail.com

Mail

Camp STAR
STAR Children's Bereavement Services
PO Box 878
Marquette, MI 49855

Cell phone: 906-250-2489