



# VOLUNTEER APPLICATION

2022 Camp STAR Dates: August 11<sup>th</sup> – 14<sup>th</sup>. This includes mandatory orientation for all volunteers.

*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 \_\_\_\_\_ 2<sup>nd</sup> 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Has your driver's license been revoked?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: \_\_\_\_\_ 2<sup>nd</sup> 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 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> 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: \_\_\_\_\_ 2<sup>nd</sup> 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

**Applications are accepted until all positions are filled. Please return application as soon as possible.**

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

**E-mail**

[upcampstar@gmail.com](mailto:upcampstar@gmail.com)

**Mail**

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

Cell phone: 906-250-2489