



Volunteer Application

2023 Camp STAR Dates: August 10-13. This includes mandatory orientation for all volunteers.
Application Due Friday, June 30

Camp STAR is a program of STAR Children's Bereavement Services in partnership with 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.

First _____ Middle _____ Last _____

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

T-Shirt size: Small Medium Large X-Large XX-Large XXX-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Has your driver's license been revoked?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:

EMERGENCY CONTACT

Name: _____ Relationship: _____

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

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 Group Leader or Co-Leader Activities Helper/Organizer Speaker

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 year olds 10 & 11 year olds 12 & 13 year olds 14-17 year olds

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 only 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: _____



Do you have any of the following certifications? FIRST AID CPR LIFEGUARD
(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 difficulty performing the duties of the role 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 below. 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 products 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.



IF YOU HAVE ATTENDED CAMP STAR, YOU MAY SKIP THE FOLLOWING QUESTIONS 1-7

1. How did you learn about Camp STAR?
2. What interests you most about volunteering for Camp STAR?
3. What experience do you have working with children?
4. What experience do you have camping or in the outdoors?
5. Do you have any special training or experience in other fields which may have a bearing on your role or contribution to camp?
6. What are your interests and hobbies?
7. What school & community activities have you been involved in within the last 5 years



Employment History & References

Employer: _____ Job Title: _____ From: _____ To: _____
Address: _____ Phone: _____
Reason for Leaving: _____

Employer: _____ Job Title: _____ From: _____ To: _____
Address: _____ Phone: _____
Reason for Leaving: _____

Employer: _____ Job Title: _____ From: _____ To: _____
Address: _____ Phone: _____
Reason for Leaving: _____

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

1. Name: _____ Relationship: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

2. Name: _____ Relationship: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

3. Name: _____ Relationship: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

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 STAR Children’s Bereavement Services and or 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) _____



HEALTH HISTORY FORM

PAGE 1 of 2

First _____ Middle _____ Last _____

Sex _____ Age _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

Physician: _____ Physician's Phone: _____

Name of Insurance Subscriber: _____

Name of Insurance Provider: _____

Subscriber ID # _____ Contract/Group/ID # _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

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

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:



HEALTH HISTORY FORM

PAGE 2 of 2

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 (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 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 STAR Children's Bereavement Services 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 STAR Children's Bereavement Services 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 STAR Children’s Bereavement Services 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

E-mail or mail completed application to:

E-mail

upcampstar@gmail.com

Mail

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