



Sharing Together and Remembering

Camp STAR - Volunteer Application

Camp STAR is a program of STAR Children's Bereavement Services in partnership with Bay Cliff Health Camp. Camp STAR is held the second weekend of August, Thursday – Sunday. This includes a mandatory orientation for all volunteers. Check www.starcbs.org for more information.

Applications Due July 15th

All application information will be kept confidential.

First _____ Middle _____ Last _____

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

Phone: _____ E-Mail: _____

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

Do you have any of the following certifications?: FIRST AID CPR LIFEGUARD
(attach copies of certifications)

Education/Special Training that may be relevant to a bereavement camp?

Counselor Therapist Other: _____

Any other specialized education, training, certifications, or experience that impacts how you can contribute?

Have you been to Camp STAR? NO YES If yes, what was your role?: _____

What volunteer position are you interested in? (visit www.starcbs.org for details on volunteer positions)

Nurse Buddy Group Leader or Co-Leader Activities Assistant Photographer

Other: _____

If interested in volunteering as a 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 _____ 10 & 11 _____ 12 & 13 _____ 14-17 _____

A shirt is provided to all volunteers. Please select your size below:

T-Shirt size: Small Medium Large X-Large XX-Large XXX-Large



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If you have experienced the death of a parent, sibling, relative, or friend, please explain your experience below:

Name of person who died: _____ Relationship : _____

Date of death: _____ Cause of death: _____

Use the space below to share your experience. This can be the circumstances of the death and what you do for your own personal grief journey to cope.

Name of person who died: _____ Relationship : _____

Date of death: _____ Cause of death: _____

Use the space below to share your experience. This can be the circumstances of the death and what you do for your own personal grief journey to cope.

Name of person who died: _____ Relationship : _____

Date of death: _____ Cause of death: _____

Use the space below to share your experience. This can be the circumstances of the death and what you do for your own personal grief journey to cope.



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IF YOU HAVE ATTENDED CAMP STAR, YOU MAY SKIP THE FOLLOWING QUESTIONS 1-6

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 doing activities outdoors?

5. What are your interests and hobbies?

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



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AUTHORIZATION TO CHECK CRIMINAL RECORD

Have you ever been convicted of neglect, physical, or sexual abuse of children, or any crime relating in any manner to children and/or your conduct with them?

NO YES (if yes, please explain below)

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

NO YES (if yes, please explain below)

Have you ever been convicted of any other felony or misdemeanor crimes?

NO YES (if yes, please explain below)

Are there any charges presently pending against you?

NO YES (if yes, please explain below)

Driver's License or State ID #: _____ State of Issue: _____ Expiration Date: _____

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

AUTHORIZATION TO CHECK CRIMINAL RECORD

The following identifiers are needed to conduct criminal history checks with local, state, and federal law enforcement agencies:

Legal Name: _____ DOB: _____

Maiden Name: _____ Sex: _____

Alias Name: _____ Race: _____

Residence(s) during the last five years (including college and home residences): (Continue on separate sheet if necessary)

City: _____ State: _____ Years: _____

City: _____ State: _____ Years: _____

City: _____ State: _____ Years: _____

City: _____ State: _____ Years: _____

City: _____ State: _____ Years: _____

By my signature below, I authorize STAR Children's Bereavement Services to obtain information pertaining to any criminal history I may have for local, state, or federal criminal law violations. The information will be gathered from any law enforcement agency in this state or any other local, state, or federal government to the extent permitted by local, state, and federal law.

Signature: _____ Date: _____

I understand that checking this box constitutes a legal digital signature. You may need to provide a hard copy signature upon arrival at camp.



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HEALTH HISTORY FORM

Page 1 of 2

First: _____ Middle: _____ Last: _____

Sex: _____ Age: _____ Date of Birth: _____

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

EMERGENCY CONTACT – List two contacts

Name: _____ Relationship: _____

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

Name: _____ Relationship: _____

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

Physician: _____ Physician's Phone: _____

Name of Insurance Subscriber: _____ Insurance Provider: _____

Subscriber ID #: _____ Contract/Group/ID #: _____

Date of last tetanus shot: _____

Please list any health concerns that we should be aware of such as: allergies, seizure disorders, diabetes, hearing, asthma, heart or kidney conditions, etc.

Have you had any recent illnesses/contagious conditions? NO YES If yes, please explain below:

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):



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HEALTH HISTORY FORM

Page 2 of 2

List all over-the-counter, prescription and non-prescription medications taken regularly:

Pack enough medication to last the entire weekend of camp (Thursday morning through Sunday afternoon). Keep all medications in the original packaging/bottle that identifies the prescribing physician (if a prescription medicine), the name of the medicine, the dosage and the frequency of administration. All volunteers will check in with the camp Nurse. Please bring all medications in a clear plastic bag with your name.

Table with 4 columns: Name of Medication, Reason for Taking, Dosage/Time Taken, Notes: (side effects). The table contains 7 empty rows for data entry.

Do you have any allergies to medications: NO YES If yes, please list all medications and reactions:

STAR Children's Bereavement services and our host, Bay Cliff Health Camp, are alcohol/tobacco/marijuana free facilities. Will an environment that prohibits the use of alcohol, tobacco, and marijuana be a problem for you? NO YES

All health history is correct and complete to the best of my knowledge, I hereby give permission to the medical personnel selected by 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 STAR Children's Bereavement Services to secure and administer treatment, including hospitalization. All minor medical needs will be cared for by the on-site nurse selected by STAR Children's Bereavement Services.

Signature: _____ Date: _____

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EMPLOYMENT HISTORY & REFERENCES

1. Employer: _____ Job Title: _____ Dates: _____

Employer Address: _____ Phone: _____

Reason for Leaving: _____

2. Employer: _____ Job Title: _____ Dates: _____

Employer Address: _____ Phone: _____

Reason for Leaving: _____

3. Employer: _____ Job Title: _____ Dates: _____

Employer Address: _____ Phone: _____

Reason for Leaving: _____

Three Personal References (excluding family members)

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 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, understood, and agree to the above statement.

Signature: _____ Date: _____

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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.

Signature: _____ Date: _____

I understand that checking this box constitutes a legal digital signature. You may need to provide a hard copy signature upon arrival at camp.

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