



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 in August, Thursday – Sunday. This includes a mandatory orientation for all volunteers. Visit

www.starcbcs.org for more information.

Applications due July 29th – Late applications will be accepted if spots are still available/needed
All application information will be kept confidential.

First: Middle: Last:
Preferred Name/Nickname: Sex: Date of Birth
Phone: E-Mail:
Street Address: City: State: Zip:

Do you have any of the following certifications? LIFEGUARD CPR FIRST AID
Do you have education/special training that may be relevant to a grief camp? COUNSELOR THERAPIST

OTHER:

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

- BUDDY GROUP LEADER/CO-LEADER NURSE CARE TEAM ACTIVITIES ASSISTANT
PHOTOGRAPHER VIDEOGRAPHER GUITAR PLAYER

Have you attended Camp STAR before? CAMPER VOLUNTEER

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. Note: we will try our best to accommodate your preferences, but it is not guaranteed.

- 8 & 9 10 & 11 12 & 13 14-17

A shirt is provided to all volunteers. Select your size:

- SMALL MEDIUM LARGE X-LARGE XX-LARGE XXX-LARGE XXXX-LARGE

Have you experienced grief? YES NO
If yes, please list the names and relationships to you and any other information you would like to share with us:



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

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

NO YES

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

NO YES

Are there any charges presently pending against you:

NO YES

If yes to any questions, explain below:

Driver's license or State ID #:

State of Issue:

Expiration Date:

Has your driver's license been revoked?

NO

YES (if yes, explain below)

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

Full Legal Name:

Date of Birth:

Maiden Name:

Sex:

Alias:

Race:

Residence(s) during the last five years (including college and home):

City:

State:

Dates lived here:

City:

State:

Dates lived here:

City:

State:

Dates lived here:

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. A hard copy signature may need to be provided upon request.



HEALTH HISTORY

Physician: Physician’s Phone:
Name of Insurance Subscriber: Insurance Provider:
Subscriber ID #: Contract/Group/ID #:

EMERGENCY CONTACT – List two contacts

Name: Relationship:
Cell Phone: 2nd phone (work/home)
Name: Relationship:
Cell Phone: 2nd phone (work/home):

Please list any allergies: (i.e. medicine, food, animals, etc.)

List any dietary restrictions: (i.e. celiacs, vegetarian, vegan, etc.)

Please list any pertinent health concerns you would like our medical professionals to know that may impact your weekend at Camp STAR. (i.e. seizure disorders, asthma, etc.)

MEDICATIONS

Pack enough medication to last the entire weekend of camp (Thursday morning- Sunday afternoon). Keep all medications in the original packaging/bottle that identifies the prescribing physician (if a prescription medicine), the name of the medication, 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 on it.

STAR Children’s Bereavement Services and our host, Bay Cliff Health Camp, are alcohol/tobacco/marijuana free facilities.

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:

I understand that checking this box constitutes a legal digital signature. A hard copy signature may need to be provided upon request.



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. A hard copy signature may need to be provided upon request.

E-mail or mail completed application to:

E-mail

upcampstar@gmail.com

Mail

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