



2008 CAMP SUNSHINE APPLICATION  
FOR RETURN VOLUNTEERS

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Preferred E-mail address \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Occupation \_\_\_\_\_ Employer / School \_\_\_\_\_

Employer / School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax if available: \_\_\_\_\_ Alternate email \_\_\_\_\_

How many years have you been a counselor at Camp Sunshine prior to this year (do not count this year)? \_\_\_\_\_

May we publish your **address only** in the **Camper Directory**? Y N

May we publish your address, phone number and email address in the **Counselor Directory**? Y N

CIRCLE **T-SHIRT** SIZE PREFERENCE: S M L XL XXL

**Dietary Needs:** \_\_\_ No restrictions \_\_\_ Vegetarian (no chicken/fish/pork/beef) \_\_\_ Yes, I will eat chicken/fish, no red meat.

**Criminal Record:** Have you ever been convicted of a felony or misdemeanor other than minor traffic offenses? Y N If so, please attach explanation.

**Harassment:** Camp Sunshine's policy is to prohibit all forms of harassment by our volunteers. This includes sexual, racial religious, and other forms of harassment. Have you ever been accused of harassment of any person including, but not limited to, workplace harassment? Y N If so, please attach explanation.

**NOTE:** A prior conviction or accusation is not an automatic bar from volunteering. The type of conviction or accusation will be evaluated by Camp Sunshine before any decision is made.

**AUTHORIZATION TO CHECK CRIMINAL RECORDS**

I, \_\_\_\_\_, hereby authorize Camp Sunshine to obtain information pertaining to any charges I may have for federal and state criminal law violations. This information will include convictions committed upon minors and adults, and will be gathered from any law enforcement agency of this state or any other state or federal government to the full extent permitted by law.

I understand that such access is for the purpose of considering my application as a volunteer and that I expressly DO NOT authorize the camp, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Signature of Applicant)

PLEASE RETURN APPLICATION NO LATER THAN MARCH 1 TO:  
CAMP SUNSHINE / 1850 CLAIRMONT ROAD / DECATUR, GA 30033  
PHONE: 404-325-7979 FAX: 404-325-7929



# 2008 SUMMER CAMP VOLUNTEER INFORMATION

Name: \_\_\_\_\_

## SUMMER CAMP:

Which week of camp would you prefer? Indicate 1<sup>st</sup> and 2<sup>nd</sup> choice.

\_\_\_\_ Teen Week (13 – 18 yr.) June 14 - 21      \_\_\_\_ Junior Week (7 – 12 yr.) June 21 – June 26      \_\_\_\_ Both Weeks

What position would you prefer? Indicate 1<sup>st</sup> and 2<sup>nd</sup> choice.

\_\_\_\_ **Cabin Counselor:** Lives in a cabin with individual groups of campers, serving as their counselor and leader throughout the session. The cabin counselor is responsible for monitoring the daily health and safety of each camper assigned and identifying and meeting these campers needs. Must participate in daily programs and activities with campers.

- |                          |                           |
|--------------------------|---------------------------|
| ____ 7-9 year old boys   | ____ 7-9 year old girls   |
| ____ 10-12 year old boys | ____ 10-12 year old girls |
| ____ 13-14 year old boys | ____ 13-14 year old girls |
| ____ 15-18 year old boys | ____ 15-18 year old girls |

\_\_\_\_ **Activity Counselor:** Develops and/or implements program activities to involve campers and their counselors during activity periods, in coordination with the Program Directors. Activity counselors help cabin counselors by assisting with campers during evening programs, meal times and other free times.

In the following list, put a “T” before those activities you can organize and teach as an expert, and an “A” for those activities in which you can assist.

- |   |  |                        |                     |
|---|--|------------------------|---------------------|
| ____ Arts & Crafts  | ____ Horseback Riding                                    | ____ Tennis            | ____ Gold Panning   |
| ____ Unit Head  | ____ Computers   | ____ Pottery           | ____ Karate/Hapkido |
| ____ Sports & Games   | ____ Newspaper/Website                                   | ____ Dance             | ____ Photography    |
| ____ Fishing  | ____ Cooking   | ____ Music/Song Leader | ____ Wood Working   |
| ____ Ropes Course/G.I./Climbing Wall  | ____ Other _____(we’re always looking for new programs!) |                        |                     |
| ____ Waterfront (please include photocopies of current CPR and Lifeguard / First Aid training certifications) |  |                        |                     |
| ____ I would also like to “ <b>Adopt a Cabin</b> ”. Please list any specific requests. _____                  |  |                        |                     |

\_\_\_\_ **Medical Staff:** Responsible for the general welfare of all campers while in residence at Camp Sunshine, the medical staff provides for normal daily needs, as well as first aid and emergency treatment for injuries and illnesses which may occur.

- |                |          |         |               |
|----------------|----------|---------|---------------|
| ____ Physician | ____ PNP | ____ RN | ____ Lab Tech |
|----------------|----------|---------|---------------|

Please include photocopies of current medical license, BLS certification and driver’s license. Physicians and any medical personnel NOT employed by Children’s Healthcare of Atlanta, please include a copy of your Certificate of Insurance.



## 2008 SUMMER CAMP VOLUNTEER INFORMATION

THIS PAGE MUST BE COMPLETED TO BE CONSIDERED AS A RETURN VOLUNTEER

**1. Why do you want to return to Camp Sunshine for summer camp 2008?**

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**2. What strengths do you feel that you bring the organization at summer camp, year round programs or professionally?**

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**3. It is always good to reevaluate our roles. Camp Sunshine wants to ensure that each volunteer is utilized in the most effective manner. In what role at summer camp do you feel you can be the best serve to the campers of Camp Sunshine and why?**

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**4. Are you willing to work with the staff of Camp Sunshine and Camp Twin Lakes to reach our goals and our mission of enriching the lives of children with cancer?**

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## CONDITIONS OF ACCEPTING A CAMP STAFF POSITION

1. All information regarding campers is highly confidential. You agree to never release any information, regarding Camp Sunshine campers, unless given permission by Camp Sunshine and camper's parent.
2. Camp Sunshine, Inc., shall have permission to use your image or voice recording in print or on film or video for use in any advertisement or promotion concerning Camp Sunshine. Such use shall include, but shall not be limited to, any advertisement or promotion on television, radio, newspaper, magazine, promotional film, web page or flier, etc.
3. Camp Sunshine accepts no responsibility for the loss, damage, or theft of your property.
4. You agree that any medical/surgical emergency is your financial responsibility.
5. In case of medical and/or surgical emergency, you authorize the Camp Sunshine medical staff to render to you or to arrange for you to receive any x-rays, anesthetic, medical, dental or surgical diagnosis, surgery, or treatment and hospital care which is deemed advisable to and is to be rendered under, the supervision of any duly licensed physician, dentist or surgeon.
6. You acknowledge that certain activities at Camp Sunshine have an increased risk of injury. You assume full responsibility for your safety. You agree to release and indemnify Camp Sunshine, its corporate entity, and all of its agents, representatives, employees (paid and voluntary), from any claims, costs, expenses, and/or damages which you may sustain or incur by joining in such activities, unless restrictions for such activities are noted by you or your physicians.
7. You agree to arrive at the camp program at the specified time and remain through the end of the session and abide by all rules and regulations set forth by Camp Sunshine, including those listed in the staff manual.
8. You agree to report to the Camp Sunshine Administrative Staff any accident or injury at the time of the incident.
9. You understand that untrue, misleading, or omitted information herein or in other documents may result in dismissal, regardless of the time of discovery by Camp Sunshine.

**All information is correct so far as I know. I acknowledge that I have read and understand and will accept all terms and conditions listed above pending my acceptance as a Camp Sunshine volunteer:**

Signed \_\_\_\_\_ Date \_\_\_\_\_

## RELEASE, WAIVER, INDEMNIFICATION AND HEALTH AFFIRMATION

By signing this Release, Waiver, Indemnification, and Health Affirmation below, I intend to be legally bound hereby, for myself, my minor children, my wards, my heirs, executors, administrators, successors, and assigns, and in consideration of Camp Twin Lakes, Inc.'s ("CTL") permitting me/my child/my ward to attend and participate in activities at CTL's facility ("Camp Twin Lakes"), I hereby release and forever discharge CTL and any of its officers, directors, employees, and agents from and against any and all damages of any kind whatsoever arising out of any injury, illness, infirmity, disease, or loss of any kind, personal or property, to me/my child/my ward, during or related to my/my child's/my ward's attendance at a camp at Camp Twin Lakes. I understand and certify that my/ my child's/ my ward's participation in Camp Sunshine and its activities at Camp Twin Lakes is completely voluntary and I have familiarized myself with Camp Sunshine's program and activities at Camp Twin Lakes in which I/my child/my ward will be participating. I recognize that certain hazards and dangers are inherent in Camp Sunshine's activities and programs, and I acknowledge that CTL cannot ensure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child or my ward, to the extent my child or ward will be attending and participating in activities at Camp Twin Lakes, in the importance of knowing and abiding by the rules, regulations, and procedures for Camp Sunshine's programs at Camp Twin Lakes. I also agree to defend, indemnify and hold CTL and its officers, directors, employees, and agents harmless from and against any and all damages, costs, claims, demands, actions or causes of action sustained by any other person as a result of my/my child's/my ward's participation at Camp Twin Lakes, whether caused in whole or in part by the negligence of CTL, its officers, directors, employees or agents; provided, however, that this provision shall not operate to require indemnification for any gross negligence or willful misconduct of CTL. Further, I attest that my health insurance will cover any medical and hospital expenses that I/my child/my ward incur and that I have received approval from a doctor authorizing me/my child/my ward to participate in at least some of the activities at Camp Twin Lakes. I further agree to inform Camp Sunshine of any activities in which I/my child/my ward is not to participate.

### **Release, Waiver, and Health Affirmation:**

**I have read and hereby accept the conditions described above. As an adult applicant, or the legal guardian of a minor applicant, I also give permission for myself (or the minor child or ward) to be treated by a doctor if needed.**

Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RELEASE AND WAIVER OF COPYRIGHT AND OTHER USAGE RIGHTS

By signing this Release and Waiver of Copyright and Other Usage Rights below, I intend to be legally bound thereby, for myself, my minor children, my wards, my heirs, executors, administrators, successors, and assigns, acknowledging that Camp Twin Lakes, Inc., ("CTL") has the right to photograph and/or videotape my/my child's/my ward's participation in activities of CTL's facility and that CTL has the right to use photographs or other images of me/my child/my ward in public relations activities and promotional materials including, but not limited to, videotapes, pamphlets, and brochures. I further acknowledge that CTL shall have all rights of copyright in and to such photographs and videotapes and may exploit such copyright fully. I release and waive all rights and interests in and to such materials.

### **Release And Waiver Of Copyright And Other Usage Rights:**

**I have read and hereby accept the conditions described above. As an adult applicant, or the legal guardian of a minor applicant, I also give permission for myself (or the minor child or ward).**

Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Staff Health History Form

The information on this form is not part of the staff acceptance process, but it is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon your arrival in camp. Provide complete information so that Camp Sunshine can be aware of your needs.

**Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Age at Camp** \_\_\_\_\_  
*first middle last*

**Home Address** \_\_\_\_\_  
*street address city state zip*

**Social Security Number** \_\_\_\_\_ **Gender** *Male Female*

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Address** \_\_\_\_\_  
*street address city state zip*

**If not available in an emergency, notify** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Insurance Information** Are you covered by health and accident insurance?  Y  N

Name of Carrier \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Group Number \_\_\_\_\_

**\*Please photocopy front and back of health insurance card and attach to this form**

**Allergies** List all known. Describe reaction and management of the reaction  
Medication Allergies

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Food Allergies

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Allergies – Include insect stings, hay fever, asthma, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications** Please list ALL medication (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. If you are bringing prescription drugs, keep it in the original packaging that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

\_\_\_ I am taking NO medications on a routine basis.

I take the following medications:

1. \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

2. \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Attach additional pages for more medications

**Dietary Needs:** \_\_\_ No restrictions \_\_\_ Vegetarian (no chicken/fish/pork/beef) \_\_\_ Yes, I will eat chicken/fish, no red meat.

\_\_\_ Other (describe) \_\_\_\_\_  
 \_\_\_\_\_

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)  
 \_\_\_\_\_  
 \_\_\_\_\_

**General Questions** (Explain "yes" answers below.)

**Have you / Do you:**

- |   |     |   |     |
|---|-----|---|-----|
| 1.Had any recent injury, illness or infectious disease? | Y N | 13.Ever had high blood pressure?                  | Y N |
| 2.Have a chronic or recurring illness/condition?        | Y N | 14.Ever been diagnosed with a heart murmur?       | Y N |
| 3.Been hospitalized in the last 18 months?              | Y N | 15.Ever had back problems?                        | Y N |
| 4.Had surgery in the last 18 months?                    | Y N | 16.Ever had problems with joints (knees, ankles)? | Y N |
| 5.Have frequent headaches?                              | Y N | 17.Have any skin problems (itching, rash, acne)?  | Y N |
| 6.Ever had a head injury?                               | Y N | 18.Have diabetes?                                 | Y N |
| 7.Ever been knocked unconscious                         | Y N | 19.Have asthma?                                   | Y N |
| 8.Wear glasses, contacts or protective eye wear?        | Y N | 20.Had mononucleosis in the past 12 months?       | Y N |
| 9.Ever passed out during or after exercise?             | Y N | 21.Had problems with diarrhea/constipation?       | Y N |
| 10.Ever been dizzy during or after exercise?            | Y N | 22.Have problems sleepwalking?                    | Y N |
| 11.Ever had seizures?                                   | Y N | 23.If female, have an abnormal menstrual history? | Y N |
| 12.Ever had chest pain during or after exercise?        | Y N | 24.Ever had an eating disorder?                   | Y N |

Please explain any "yes" answers, noting the number of the question.  
 \_\_\_\_\_  
 \_\_\_\_\_

Which of the following have you had?

- \_\_\_ Measles
- \_\_\_ Chicken Pox
- \_\_\_ German Measles
- \_\_\_ Mumps
- \_\_\_ Hepatitis A
- \_\_\_ Hepatitis B
- \_\_\_ Hepatitis C

Please give dates of immunizations

| Vaccine   | Mo/Yr | Mo/Yr | Mo/Yr | Mo/Yr | Mo/Yr | Mo/Yr |
|-----------|-------|-------|-------|-------|-------|-------|
| DTP/DTaP  | _____ | _____ | _____ | _____ | _____ | _____ |
| DT/Td     | _____ | _____ | _____ | _____ | _____ | _____ |
| Tetanus   | _____ | _____ | _____ | _____ | _____ | _____ |
| Polio     | _____ | _____ | _____ | _____ | _____ | _____ |
| Hep. B    | _____ | _____ | _____ | _____ | _____ | _____ |
| Hib       | _____ | _____ | _____ | _____ | _____ | _____ |
| MMR       | _____ | _____ | _____ | _____ | _____ | _____ |
| Measles   | _____ | _____ | _____ | _____ | _____ | _____ |
| Mumps     | _____ | _____ | _____ | _____ | _____ | _____ |
| Rubella   | _____ | _____ | _____ | _____ | _____ | _____ |
| Varicella | _____ | _____ | _____ | _____ | _____ | _____ |

TB Mantoux Test:

Date: \_\_\_\_\_

Result: Positive Negative

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of Dentist/Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**If you have been exposed to any communicable disease, particularly chicken pox (which is especially dangerous to children on chemotherapy), during the month prior to a program, please contact us as soon as possible.**

**Screening Record (For camp use only)**

Screened by \_\_\_\_\_

Date screened \_\_\_\_\_ Time \_\_\_\_\_ am pm Updates/additions to health history noted Y N None

Meds received \_\_\_\_\_

Current health needs identified \_\_\_\_\_

Observational notes \_\_\_\_\_



# 2008 CAMP SUNSHINE RECREATIONAL PROGRAMS

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Please check any programs below that you would be interested in volunteering for throughout the year. We will try to match your interests with the program needs.

| DATE  | PROGRAM   | AGE GROUP    |
|---|---|--------------|
| ____ Feb 29 - March 2                                     | Teen Retreat Weekend – Camp Twin Lakes  | 13-18 yrs.   |
| ____ March 15   | Preschool Spring Fling – Camp Sunshine House  | Under 6 yrs. |
| ____ March 28 -30   | Family Camp Weekend – Camp Twin Lakes   | All          |
| ____ April 4 - 6*   | Family Camp Weekend – Camp Twin Lakes   | All          |
| ____ April 6*   | Remember the Sunshine Day Program (1-6) at CTL<br>(this afternoon follows Family Camp and is for our bereaved families, if you signed up for April 20-22 Family Camp, consider staying for the afternoon and dinner with these families)  |              |
| ____ April 11-13  | Family Camp Weekend – Savannah  | All          |
| ____ April 30 – May 4                                     | Washington D.C. Excursion (8 counselors)  | 16-18 yrs.   |
| ____ June 16 – 19   | Hospital Camp at CHOA Scottish Rite campus  | All          |
| ____ June 23 – 26   | Hospital Camp at CHOA Egleston campus   | All          |
| ____ August 22-24   | Sibling Camp Weekend – Camp Twin Lakes  | 7-16 yrs.    |
| ____ September 6  | Hillcrest Apple Orchard Outing for Preschoolers– Ellijay  | Under 6 yrs. |
| ____ October 3-5  | Remember the Sunshine Family Camp – Camp Twin Lakes   | All          |
| ____ October 10-12  | Family Camp Weekend – Camp Twin Lakes   | All          |
| ____ October 17-19  | Family Camp Weekend – Camp Twin Lakes   | All          |
| ____ October 26   | Fall Festival – Camp Sunshine House   | All          |
| ____ November 21-23                                       | Teen Retreat – Camp Twin Lakes  | All          |
| ____ December TBD   | Holiday Party – Venue TBD   | All          |
| ____ House Programs                                       | ____ Family Night 1 <sup>st</sup> and 3 <sup>rd</sup> Tuesdays each month<br>____ Spa Night 2 <sup>nd</sup> Monday each month   | All          |
| ____ Regional Programs (dates and specific locations TBD) | ____ Northwest GA (Rome, Cartersville, etc...)<br>____ Columbus/LaGrange, GA<br>____ Savannah, GA<br>____ Central GA (Macon, Warner Robbins, etc...)<br>____ Northeast GA (Gainesville, Dahlonega, Toccoa etc...)<br>____ South GA (Valdosta, Albany, Waycross, Moultrie, etc...) | All          |

# F.A.C.T.S.<sup>SM</sup>

A Registered Service Mark of Human Assets South, Inc.

I hereby authorize CAMP SUNSHINE; HUMAN ASSETS SOUTH, INC. and/or any of their authorized agents to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

Full Printed Name:

\_\_\_\_\_ (List All Names Used - First Name, Middle Name, Nickname, Maiden Name, Last Name)

Street Address:

\_\_\_\_\_

City, State & Zip Code:

\_\_\_\_\_

## PREVIOUS HOME ADDRESSES:

|    | Street Address/City/State/Zip | County | <u>From Mo/Yr to Mo/Yr</u> |
|----|-------------------------------|--------|----------------------------|
| 1. | _____<br>_____                | _____  | _____                      |
| 2. | _____<br>_____                | _____  | _____                      |
| 3. | _____<br>_____                | _____  | _____                      |

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Race: \_\_\_\_\_

Sex: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date