



Dear Potential Camp Sunshine Volunteer:

Thanks so much for your interest in volunteering for Camp Sunshine's summer camp for children and teens who have or have had cancer. Please read through this application carefully and refer to the VOLUNTEER section on our website for more information, www.mycampsunshine.com.

Each of our two summer camp sessions are 6 days in length. Staff arrives on Saturday afternoon for training and preparation, campers arrive on Sunday afternoon, and all participants depart on Friday evening.

2012 SESSIONS

June 16 – 22 TEEN CAMP - 13-18 year olds

June 23 – 29 JUNIOR CAMP - 7-12 year olds

It is important to understand the amount of time we are asking you to commit. You are volunteering your time for the entire session, and the work requires a great deal of patience and energy. Once you have attended a week of summer camp, you are then eligible to staff other Camp Sunshine recreational and house programs held throughout the year.

A MANDATORY STAFF WORKSHOP IS SCHEDULED FOR MAY 19, 2012 AT THE CAMP SUNSHINE HOUSE. This training is an integral part of your commitment to Camp Sunshine. You will not be allowed to volunteer for summer camp unless you attend and participate in this workshop.

Included you will find a "Personal Reference" forms. Please print 3 of these and forward to the three individuals you list as references on your application. Each reference should return the completed form to Camp Sunshine as soon as possible. Also enclosed is a release for a criminal background check to be completed as well.

Again, thank you for your interest in Camp Sunshine. If you have any questions, please do not hesitate to call our office (404) 325-7979.

Best,

Amy

Amy Moosbrugger
Camp Director

PLEASE RETURN APPLICATION BY MARCH 15th TO:
CAMP SUNSHINE / 1850 CLAIRMONT ROAD / DECATUR, GA 30033
PHONE 404-325-7979 : FAX 404-325-7929



CAMP SUNSHINE APPLICATION FOR NEW VOLUNTEERS

Date of Application _____

Name _____

Permanent Address _____

City _____ State _____ Zip _____ County _____

Phone (H) _____ (Cell) _____ Preferred Email Address _____

Driver's License Number _____ State Issued _____

Occupation _____ Employer / School _____

Employer / School Address _____

City _____ State _____ Zip _____ Work Phone _____

Fax if available _____ Alternate Email _____

Do you meet or exceed the minimum age requirement of 21 years old? Y N

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

If accepted, may we publish your address in the **Camper 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. ___ Other _____

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

PLEASE RETURN ENTIRE APPLICATION & REFERENCES BY MARCH 15th TO:

CAMP SUNSHINE / 1850 CLAIRMONT ROAD / DECATUR, GA 30033 or FAX 404-325-7929

Describe your experience in working with children, including, but not limited to any who have or have had cancer: _____

Have you had any camp counseling or related experiences? Please include location and dates. _____

What contributions do you think you can make at Camp Sunshine to fulfill the special needs of children with cancer? _____

What contributions do you think Camp Sunshine can make to these children? _____

How did you hear about Camp Sunshine? _____

Please list any staff or campers that you know that have attended Camp Sunshine: _____

Please list 3 personal references (other than relatives) that we may contact who have knowledge of your character, experience and ability. Please give one of the enclosed Personal Reference Forms to each of these individuals to be completed and returned to Camp Sunshine.

Name of Reference #1 _____
Day Phone _____ Evening Phone _____
Address _____
City _____ State _____ Zip _____
E-mail _____

Name of Reference #2 _____
Day Phone _____ Evening Phone _____
Address _____
City _____ State _____ Zip _____
E-mail _____

Name of Reference #3 _____
Day Phone _____ Evening Phone _____
Address _____
City _____ State _____ Zip _____
E-mail _____

Would you be available to attend a personal interview? _____ Yes _____ No

Interviews will be requested once entire application, including references, are completed and reviewed.



SUMMER CAMP NEW VOLUNTEER INFORMATION

Name: _____

THE DATE OF THE REQUIRED STAFF WORKSHOP: SATURDAY, MAY 19th.

SUMMER CAMP:

Staff must arrive by 4 PM on the Saturday of camp week and stay until the following Friday at 6PM. For consistency and continuity in working with children and teens, counselors are required to be at the assigned camp week for the entire time.

Which age of campers or week of camp would you prefer? Indicate 1st and 2nd choice.

_____ TEEN WEEK (13 – 18 yr. olds) June 16-22 _____ JUNIOR WEEK (7 – 12 year olds) June 23-29

If the role is available, what position would you prefer – cabin counselor, activity or medical staff? Indicate 1st and 2nd 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.

_____ 7-9 year old boys _____ 10-12 year old boys _____ 7-9 year old girls _____ 10-12 year old girls

_____ 13-14 year old boys _____ 15-18 year old boys _____ 13-14 year old girls _____ 15-18 year old girls

_____ **Activity Counselor:** Develops, implements and/or assists 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 "A" for those activities in which you can assist.

_____ Arts & Crafts/Watercolor _____ Horseback Riding _____ Tennis _____ Gold Panning

_____ Computers _____ Pottery _____ Karate _____ Cooking

_____ Sports & Games _____ Newspaper _____ Dance _____ Music/Songleader

_____ Photography _____ Fishing _____ Wood Working _____ Ropes Course/G.I.

_____ Waterfront (please include photocopies of current CPR and Lifeguard / First Aid training certifications)

_____ Other _____ (we are always looking for new program ideas!)

_____ **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.

Can you perform the essential functions of the position(s) for which you applied, with or without reasonable accommodation? Y N

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 accepts no responsibility for the loss, damage, or theft of your property.

3. In case of emergency Camp Sunshine should contact:

Name _____

Address _____

Phone (H) _____ (W) _____ (C) _____

Should your emergency contact, during the program session, leave his/her place of residence, you will advise the camp administration where he/she can be contacted in case of emergency.

4. You agree that any medical/surgical emergency is your financial responsibility.
5. Please list your health and accident insurance:

Name of Company _____

Address _____

Phone _____ Group No. Certificate _____

6. 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.
7. 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.
8. 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.
9. You agree to report to the Camp Sunshine Administrative Staff any accident or injury at the time of the incident.
10. 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 _____

AUTHORIZATION TO RELEASE INFORMATION & RECORDS

As part of our hiring policy, Camp Sunshine obtains background checks on all persons applying to be a volunteer and/or employee.

I hereby authorize CAMP SUNSHINE, IntelliCorp Records, 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 national, 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.

I, _____
Last Name First Name Middle Name

Current Address _____

Dates Lived Here _____

Addresses for the Past Seven Years: (include street, city, state, zip code)

Dates of Residence:

Date of Birth ____/____/____ Other Names Used (including maiden name) _____

Years Other Names Were Used _____

Social Security Number _____

I _____ do hereby authorize verification of all information in my employment or volunteer application from all sources and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc and Camp Sunshine** for identification purposes and for the release information which will be considered in determining any suitability for employment.

I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name _____

Applicant Signature _____ Date _____

RELEASE FORM FOR CAMP SUNSHINE & CAMP TWIN LAKES

A. This agreement must be read and signed for you/your child to be eligible to attend **Camp Sunshine at Camp Twin Lakes**.

You/Your Child's Name: _____

I. PARTICIPATION CONSENT

I understand and certify that my/my child's participation in Camp Sunshine and its activities at Camp Twin Lakes is completely voluntary. I have familiarized myself with Camp Sunshine's programs and activities at Camp Twin Lakes in which I/my child will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, the activities of horseback riding, high and low elements ropes course, swimming, archery, gardening, cooking, biking, sports, and boating. I acknowledge that although Camp Sunshine and Camp Twin Lakes have taken safety measures to minimize the risk of injury to camp participants, Camp Sunshine and Camp Twin Lakes cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for Camp Sunshine at Camp Twin Lakes. Further, I have received approval from a doctor authorizing me/my child to participate in Camp Sunshine activities at Camp Twin Lakes. I also agree to inform Camp Sunshine of any activities in which I/my child may not participate.

II. LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge Camp Sunshine and Camp Twin Lakes, and any of their officers, directors, employees, partners, shareholders, board members, servants, agents and assigns from and against all claims, causes of action, damages, losses and/or expenses arising out of or relating to any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child during or related to my/my child's attendance at Camp Sunshine at Camp Twin Lakes.

III. MEDIA RELEASE

I do ___ do not ___ give Camp Sunshine and Camp Twin Lakes the right to interview and/or to take photographs, audio or audio-visual recordings of me/my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my/my child's name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. Camp Sunshine and Camp Twin Lakes shall have the right to use photographs or other images of me/my child in promotion, educational or fund-raising materials. I acknowledge that Camp Sunshine or Camp Twin Lakes shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Camp Sunshine and Camp Twin Lakes and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by Camp Sunshine and Camp Twin Lakes. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

X _____
Parent/Guardian/Self Signature

Date

CAMP SUNSHINE - PERSONAL REFERENCE page 1

Applicant's Name: _____

The above person has given your name as a personal reference for a staff position at Camp Sunshine, a year round program for children with cancer. We hope you will carefully evaluate the applicant for us. Our goal is to provide quality staff to maintain the high program and safety standards of Camp Sunshine.

Please read the following categories. CHECK AS MANY descriptions as you feel apply to the applicant. If these areas do not describe the applicant, please feel free to make additional comment.

1. **WORKING WITH OTHERS:**

___ Likes to do it themselves

___ Is a team player

___ Likes it their way or not at all

___ Cooperative

___ Shares accomplishments

Other comments: _____

2. **WORK ETHIC:**

___ Takes direction well, does what is asked

___ Does what is asked, when convenient

___ Self motivated, does more than is asked

___ Is committed to a project to the end

___ Does not do his/her work

Other comments: _____

3. **ENTHUSIASM:**

___ Has an even disposition, not a lot of highs and lows

___ Has energy that spreads to others

___ Enthusiastic, but insincere

___ Takes on new challenges willingly

___ Little outward enthusiasm

Other comments: _____

4. **MATURITY:**

___ Responsible, able to think things through

___ Reacts without thinking about actions

___ Is a positive role model for others

___ Would rather not have responsibility

___ Is able to relate well with different groups

Other comments: _____

5. What is the applicant's strongest asset? _____

6. What is his/her chief weakness? _____

7. How long have you known the applicant and in what capacity? _____

8. **COMMUNITY/CONFLICT:**

- ___ Is willing to accept others regardless of differences
- ___ Can categorize people easily, generalizes
- ___ Deals with conflict in a healthy way
- ___ Allows problems to build up
- ___ Works to strengthen large and small groups
- ___ Is easily upset by others

Other comments: _____

9. **LEADERSHIP:**

- ___ Has the ability to be a positive leader
- ___ Considers others' opinions important
- ___ Is dominant and manipulative at times
- ___ Likes to be in front leading
- ___ Likes to be "mixed in" as a leader
- ___ Would rather be a follower than a leader

Other comments: _____

10. **COUNSELING SKILLS:**

- ___ Is sensitive to others' feelings
- ___ Likes to share their own story
- ___ Good listener
- ___ Mixes easily with others
- ___ Would command respect among campers
- ___ Believes trust must be earned

Other comments: _____

9. What is your knowledge of the applicant's experience with children? _____

10. Have you directly observed the applicant's interaction with children? If so, please comment. _____

11. Would you be willing to have your child under his/her supervision at camp for one week? _____

PLEASE COMPLETE THE FOLLOWING:

Name: _____

Address: _____

Position: _____

Phone #: _____ E-mail: _____

**Please return promptly to:
Camp Sunshine
1850 Clairmont Road
Decatur, GA 30033
FAX 404.325.7929**