



CAMP SUNSHINE VOLUNTEER APPLICATION

PLEASE NOTE: If you are interested in volunteering for Summer Camp, you must apply separately! The online application/interview process for Summer Camp is available starting in January of each year.

Date of Application _____

Name _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail address _____

Driver's License Number _____ State Issued _____ Birthdate _____ Age _____

Occupation _____ Employer / School _____

Employer / School Address (if applicable) _____

City _____ State _____ Zip _____

Emergency Contact _____ Relationship _____

Home Phone _____ Cell _____

Gender: _____

Please review our Volunteer Job Descriptions and indicate which role you are applying for:

_____ **Office Volunteer** (help with various projects at Camp Sunshine House such as mailings, clerical support, maintaining library and other house areas, stocking supplies, etc)

_____ **Day Program Volunteer** (help out with events and programs at Camp Sunshine House and at the hospitals such as Spa Night, Spring Fling, Seasonal Sunshine Sunshine 2 U, etc. Can also assist with Special Events and Office Volunteering)

_____ **Savannah Area Volunteer** (help out with events and programs in the Savannah community and at the hospital such as the Hockey Classic, Oatland Island Outing, Family Picture Day, Sunshine 2 U, etc. Can also assist with Special Events and mailings. Does NOT include summer camp)

_____ **Special Event Volunteer** (volunteer at supporting events held at various locations; can also do Office Volunteering)



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? ☐ Yes ☐ No

If yes, please explain: _____

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 initial, indicating that you have read and understand this statement: _____ (initials)

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

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

How did you hear about Camp Sunshine? _____
Please list any volunteers or campers that you know who have attended Camp Sunshine and how you know them: _____

Please give any additional information you would like us to know about you (special talents, skills, interests):
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



CONDITIONS OF ACCEPTING A CAMP SUNSHINE VOLUNTEER 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. 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.
5. You agree that any medical/surgical emergency is your financial responsibility.
6. Please list your health and accident insurance:

Name of Company _____
Address _____
Phone _____ Group No. Certificate _____
7. 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.
8. 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.
9. You agree to arrive at the camp program at the specified time and remain through the end of the session and to abide by all rules and regulations set forth by Camp Sunshine.
10. You agree to report to the Camp Sunshine Administrative Staff any accident or injury at the time of the incident.
11. 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: _____



Camp Sunshine Personal Reference Form

Applicant's Name: _____

The above person has given your name as a personal reference for a volunteer 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 volunteers 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
- ____ 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? _____

PLEASE COMPLETE THE FOLLOWING:

Name: _____

Address: _____

Position: _____

Phone #: _____

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

