



2019 NEW VOLUNTEER APPLICATION Special Events, House & Day Programs

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

Date of Application _____

Name _____

Permanent Address _____

City _____ State _____ Zip _____

Preferred Phone _____ Alternate Phone _____

E-mail address _____

Do you meet or exceed the minimum age requirement of 21 years old? Yes No

Circle t-shirt size preference: S M L XL 2XL 3XL

Occupation _____ Employer / School _____

Employer / School Address (if applicable) _____

City _____ State _____ Zip _____

Emergency Contact _____ Relationship _____

Home Phone _____ Cell _____

Camp Sunshine, Inc. does not and shall not discriminate based on race, color, religion, creed, gender, gender expression, gender identity, age, national origin, disability, marital status, sexual orientation, genetic information, pregnancy, or veteran or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, volunteers, subcontractors, vendors, and participants.

We are committed in all areas to providing a work environment that is free from harassment. Harassment of others based on their sex, sexual orientation, age, race, color, national origin, religion, marital or veteran status, citizenship, disability, or other personal characteristics covered by Camp Sunshine's non-discrimination policy is strictly prohibited.



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 with events and programs at Camp Sunshine House and at the hospitals such as Spa Night, Family Night, Spring Fling, Seasonal Sunshine, Sunshine 2 U, etc.)

_____ **Savannah Area Volunteer** (help with events and programs in the Savannah community and at the hospital such as the Hockey Classic, 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: Alliance Theater, Holiday Party, etc.)

Questions

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 state your ideal schedule for volunteering (once a week, once a month, only Friday, 1-4PM, etc.)

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



References

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 (including Camp Sunshine's Social Media Policy).
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 _____



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. **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:

6. **LEADERSHIP:**

- ___ Can 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:



7. 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:

8. What is the applicant's strongest asset?

9. What assets could the applicant improve?

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

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

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

13. Would you be willing to have your child under his/her supervision? _____

PLEASE COMPLETE THE FOLLOWING:

Name: _____
Address: _____
Relationship: _____
Phone #: _____

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