



Camp Reach for the Sky: Volunteer Application

PLEASE PRINT OR TYPE

Please check which session you are interested in volunteering for:

- Sibling Camp June 20, 2010 - June 26, 2010
Resident Oncology Camp July 4, 2010 - July 10, 2010
Day Camp July 18, 2010 - July 24, 2010

NAME: _____ DATE OF BIRTH: _____
First Middle Last

DATE: _____ SOCIAL SECURITY #: _____ - _____ - _____ Male Female

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: HM () _____ WK () _____

CELL () _____ E-Mail: _____

Employment Information:

EMPLOYER: _____

ADDRESS _____ CITY: _____ STATE: _____ ZIP: _____

POSITION/TITLE: _____ SUPERVISOR'S NAME: _____

VALID DRIVER'S LICENSE? YES / NO STATE & NUMBER: _____

ARE YOU WILLING TO HELP PROVIDE ON-SITE ASSISTANCE FOR PHYSICALLY/EMOTIONALLY DISABLED CAMPERS? YES / NO

CURRENT HIGHEST LEVEL OF EDUCATION ATTAINED: (CIRCLE)

HIGH SCHOOL: 9 - 10 - 11 - 12 COLLEGE: 1 - 2 - 3 - 4

GRADUATE SCHOOL - DEGREE EARNED: _____

MEDICAL TRAINING - LIST INSTITUTIONS, MEDICAL DEGREES, CERTIFICATIONS, YEAR RECEIVED:

How did you hear about the American Cancer Society Camp?

Why would you like to be a volunteer for THIS Camp?

What would you like to do as a Camp Volunteer?

What experience do you have working with children?

Describe your camping knowledge and experiences:

Describe any experience you may have working with the physically or emotionally disabled:

Describe any special skills you may have that you'd like to share with the campers (i.e., photography, hair braiding, face painting, juggling, story telling, etc.)

IMPORTANT NOTE: According to American Cancer Society guidelines, **all MEDICAL volunteers must carry medical liability coverage. Proof of coverage must be submitted with this form.** If you do not carry individual coverage, check with your hospital facility. They may extend their coverage to include your participation in Camp.



Volunteer Health Form

NAME: _____ DATE: _____
First Middle Last

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____
First, Last Name

ADDRESS: _____
Street City State Zip

TELEPHONE: HM () _____ ALTERNATE () _____

GENERAL HEALTH HISTORY:

LAST EAR INFECTION _____ (DATE) MUMPS YES NO
HEART PROBLEMS YES NO MEASLES YES NO
SEIZURES YES NO GERMAN MEASLES YES NO
DIABETES YES NO ASTHMA YES NO

** Any health conditions that the medical team should be aware of? _____

IMMUNIZATION HISTORY: (State requirement for licensed camp. All immunizations must be kept up to date.)

DPT SERIES _____ LAST TETANUS BOOSTER _____
BOOSTER _____ LAST TUBERCULIN TEST _____ (SINCE ____)
POLIO BOOSTER _____ OTHER _____

MMR (MEASLES, MUMPS, RUBELLA) _____
ANY RECENT/CURRENT INFECTIOUS/COMMUNICABLE DISEASE EXPOSURE
(PLEASE EXPLAIN): _____

ALLERGIES: YES NO
HAY FEVER YES NO
INSECT STINGS YES NO
IVY POISONING YES NO
MEDICATIONS YES NO
OTHER YES NO -> PLEASE EXPLAIN IF YES : _____

RECOMMENDATIONS/RESTRICTIONS:

- DIET: _____
SWIMMING/DIVING: _____
ACTIVITY LEVEL: _____
OTHER: _____

ALL MEDICATIONS MUST BE BROUGHT IN ORIGINAL PHARMACY CONTAINERS:

<i>DRUG</i>	<i>DOSE</i>	<i>TIME</i>	<i>DAYS OF WEEK</i>

It is not the responsibility of the designated medical staff to manage the personal medication of the volunteer staff. All volunteers must have the capacity to manage their personal medication schedules.

All personal medication must be released and stored to the designated medical area of camp.

*The Medical Director or the Head Nurse must authorize exemptions for respiratory inhaler and or other medications.



VOLUNTEER REFERENCE FORM

With the important responsibilities in a program involving children and youth, the volunteer references that you list on this form is very important and greatly appreciated. The information that we receive will have a direct impact on selection of the applicant. All the information will remain entirely confidential.

I, _____, authorize any of the persons or organizations referenced in my application to provide to the American Cancer Society, California Division, Inc. (“ACS”) any and all information concerning my fitness to work at Camp Reach for the Sky. Such information may include, but not be limited to, previous employment, education, and inquires as to both moral fitness and fitness for the position for which I am applying. I further release both ACS and the party giving this reference from any and all claims, expenses, (including attorneys fees and expense) or liability for any and all damages that may result directly or indirectly from furnishing such information to ACS.

Signature of Applicant

REFERENCES – You are required to provide three (3) references

Give names of persons (not relatives) who have knowledge of your character, experience and ability:

1. _____ Name of Reference	() _____ Telephone #	_____ Alternate Telephone
_____ Relationship	_____ How long have you known the Reference?	
2. _____ Name of Reference	() _____ Telephone #	_____ Alternate Telephone
_____ Relationship	_____ How long have you known the Reference?	
3. _____ Name of Reference	() _____ Telephone #	_____ Alternate Telephone
_____ Relationship	_____ How long have you known this Reference?	



STATEMENT OF ABSENCE OF CRIMINAL RECORD

I certify that I have not been convicted of any misdemeanor or felony.

_____	_____
Print Name	Date
_____	_____
Applicant Signature	Date

We will also be conducting a background check. The authorization form for this background check is part of this package of materials. No application will be considered without first running a background check. You **MUST** return the completed authorization form with the volunteer packet to run the background check.



Volunteer Employment Contract Camp Staff Agreement

VOLUNTEER / CAMP STAFF AGREEMENT BETWEEN: CAMP REACH FOR THE SKY and _____

Please print your name

The signing of this Agreement by the Volunteer Camp Director and the above named Volunteer binds them to the following terms:

1. The Volunteer agrees to serve the Camp to the best of his/her ability in the capacity of Volunteer Counselor.
2. The dates of agreed volunteer service are from _____
3. There is no salary or benefits; the Camp agrees to provide meals and room.
4. The Volunteer agrees to abide by the Personnel Policies and Practices provided in pre-staff training and the volunteer training manual, and to the following special conditions:

Camp is a non-smoking camp. There will be no smoking or use of any tobacco products on camp property. There will also be no alcohol consumed on camp property.

5. The Volunteer Camp Director may terminate the Volunteer's service at any time for violation of the Staff Agreement.

This agreement shall be deemed to have been executed in the State of California, in which Camp Reach for the Sky is located.

ACCEPTED according to the above terms and conditions:

Signed: _____

Date: _____

Signed: _____

Date: _____

American Cancer Society's / Designated Camp Director

Please mail entire completed volunteer application to the following address:

American Cancer Society
Attn:Camp Reach for the Sky
2655 Camino del Rio North, suite 100
San Diego, CA 92108-1633

**“Consumer Report” (Background Investigation)
DISCLOSURE AND AUTHORIZATION FORM**

The American Cancer Society, California Division, Inc. (the “Company”) will procure a consumer report and/or investigative consumer report on you in connection with your employment application. Intelius Inc., a consumer reporting agency, will obtain the report for the Company. Intelius is located at 500 108th Avenue NE, 25th Floor, Bellevue, WA 98004, and can be reached at (425) 974-6100.

The report may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, and licensing and certification checks. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

Provided to you with this authorization is a summary of your rights under the Fair Credit Reporting Act in a form prescribed by the Federal Trade Commission. Please do not sign the authorization until you have reviewed this summary.

You also are entitled to request more information about the nature and scope of the report we are requesting your authorization to obtain by submitting a written request to Intelius, 500 108th Avenue NE, 25th Floor, Bellevue, WA 98004

“Consumer Report” (Background Investigation)

AUTHORIZATION

I have carefully read and understand this notice and authorization form and I have read and understand the “Summary of Your Rights Under the Fair Credit Reporting Act” provided with this form. By my signature below, I consent to the release of consumer and/or investigative consumer reports to the Company as described above and consistent with the requirements imposed on the Company as described in the Summary.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed to the Company by me before, during or after my employment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me.

I understand that if the Company hires me, it may request a consumer report and/or an investigative consumer report about me, to the extent allowed by law, for employment related purposes during and after my employment. I understand that if employed by the Company my consent will apply throughout the entire time I am employed by the Company unless I revoke or cancel my consent by sending a signed letter to American Cancer Society, Attn: Carolyn Thomas, Vice President of Human Resources, 1710 Webster Street, Oakland, CA 946122.

Employee Last Name _____ First _____ Middle _____

Maiden Name or AKA _____

Present Address _____

City/State/Zip _____

Social Security Number _____

Driver’s License Number _____ License Number _____

Professional License Number: State _____ Type _____ Number _____

(For Employment in California Only) By checking this box, I request a free copy of the report.

Email address (for email copy of report) _____

FOR IDENTIFICATION PURPOSES ONLY

Date of Birth _____ Gender _____

Signature

Date

SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you — such as if you pay your bills on time or have filed bankruptcy — to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§ 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you — such as denying an application for credit, insurance, or employment — must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs — to which it has provided the data — of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone — such as a creditor who reports to a CRA — that you dispute an item, they

may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA — usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

**The FCRA gives several different federal agencies authority to enforce the FCRA:
FOR QUESTIONS OR CONCERNS REGARDING: PLEASE CONTACT:**

**CRAs, creditors and others not listed below
Federal Trade Commission
Consumer Response Center - FCRA
Washington, DC 20580 * 202-326-3761**

**National banks, federal branches/agencies of foreign
banks (word "National" or initials "N.A." appear in
or after bank's name)
Office of the Comptroller of the Currency
Compliance Management, Mail Stop 6-6
Washington, DC 20219 * 800-613-6743**

**Federal Reserve System member banks (except
national banks, and federal branches/agencies of
foreign banks)
Federal Reserve Board
Division of Consumer & Community Affairs
Washington, DC 20551 * 202-452-3693**

**Savings associations and federally chartered savings
banks (word "Federal" or initials "F.S.B." appear in
federal institution's name)
Office of Thrift Supervision
Consumer Programs
Washington, DC 20552 * 800-842-6929**

**Federal credit unions (words "Federal Credit Union"
appear in institution's name)
National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314 * 703-518-6360**

**State-chartered banks that are not members of the
Federal Reserve System
Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, DC 20429 * 800-934-FDIC**

**Air, surface, or rail common carriers regulated by
former Civil Aeronautics Board or Interstate
Commerce Commission
Department of Transportation
Office of Financial Management
Washington, DC 20590 * 202-366-1306**

**Activities subject to the Packers and Stockyards Act,
1921
Department of Agriculture
Office of Deputy Administrator - GIPSA
Washington, DC 20250 * 202-720-7051**