



2020 RETURN 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** - Assists with various projects at Camp Sunshine House such as mailings, clerical support, stocking supplies, etc.

_____ **Day Program Volunteer** – Assists at Spa Night, Fall Festival, Spring Fling, Seasonal Sunshine, Sunshine 2 U – (must complete supplemental application for Sunshine 2 U volunteers on our website)

_____ **Savannah Area Volunteer** - Assists with Hockey Classic, Family Picture Day, Sunshine 2 U, etc. Can also assist with Special Events and mailings.

_____ **Special Event Volunteer** – Assists and supports community 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):



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 _____