



Dear Volunteer Applicant:

Thank you 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.

2020 SUMMER CAMP SESSIONS

June 13 – June 19 TEEN WEEK (13-18 year olds)

June 20 – June 26 JUNIOR WEEK (7-12 year olds)

Each of our summer camp sessions are 6 days in length. If selected, you will be volunteering your time for the entire session of an overnight camp. Camp is incredibly fun but a great deal of work as you will serve as stand-in parents for approximately 200 campers for the week. Staff arrive on Saturday afternoon for training and preparation, campers arrive on Sunday afternoon, and all participants depart on Friday afternoon.

A **MANDATORY** staff training workshop is scheduled for **MAY 9, 2020, 8:00 AM – 3:30 PM** at The Shepherd Center. This training is an integral part of your commitment to Camp Sunshine. You will not be allowed to volunteer for summer camp or weekend programs if you do not attend and participate in this workshop.

APPLICATION CHECKLIST:

- Completed application with applicant signatures
- 3 Personal Reference Forms returned by your references

Additional Documents Required After Interview Process:

- Criminal Background Check – information will be emailed to you on how to submit online
- Immunization Record (Minimum Requirements: MMR, Td/Tdap within past 10 years, Varicella, TB questionnaire, Shingles if over 60 years old, and Pneumococcal if over 65 years old)
- Photocopy of Health Insurance Card (front/back)
- Medical staff - Please include a photocopy of your medical license, CPR certification, PALS and driver's license (front/back)

Applications are due **MARCH 1, 2020**. We will review applications and schedule interviews in March. You will be notified if selected for an interview.

Again, thank you for your interest in Camp Sunshine. If you have any questions, please do not hesitate to call or e-mail.

Amy Moosbrugger
Volunteer Manager
amy@mycampsunshine.com

**PLEASE RETURN COMPLETED APPLICATION BY MARCH 1st 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) _____ E-mail _____

Occupation _____ Employer / School _____

Employer / School Address _____

City _____ State _____ Zip _____ Work Phone _____

Fax (if available) _____ Alternate E-mail _____

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

CIRCLE T-SHIRT SIZE PREFERENCE: S M L XL 2XL 3XL

Interviews will be scheduled during the last two weeks in March once completed applications are submitted and references have been received and reviewed.

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

Camp Sunshine, Inc. does not and shall not discriminate on the basis of 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 on the basis of 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 RETURN ENTIRE APPLICATION & REFERENCES BY **MARCH 1st** 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 _____



SUMMER CAMP NEW VOLUNTEER INFORMATION

Name: _____

DATE OF REQUIRED STAFF WORKSHOP: SATURDAY, MAY 9, 8:00 AM-3:30 PM

SUMMER CAMP:

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

Which age of campers or week of camp would you prefer? Indicate 1st and 2nd choice if you are available for either week.

_____ TEEN WEEK (13 – 18 year olds) June 13-19 _____ JUNIOR WEEK (7 – 12 year olds) June 20-26

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 _____ Tie Dye

_____ Jewelry Making _____ Pottery _____ Cooking _____ Martial Arts

_____ Sports & Games _____ Camp Media _____ Dance _____ Music/Song leader

_____ Photography _____ Fishing _____ Wood Working _____ Yoga

_____ 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 _____ PA

Please include photocopies of current medical license, CPR certification, PALS, and driver’s license. Only CHOA full-time medical staff will be allowed to staff the Med Lodge.

Can you perform the essential functions of the position(s) for which you applied, with or without reasonable accommodation? Yes No

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 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.

8. You agree to report to the Camp Sunshine Administrative Staff any accident or injury at the time of the incident.

9. 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 AT CAMP TWIN LAKES CAMP RELEASE FORM

This agreement must be read and signed for you/your child to be eligible to attend the Camp Sunshine, Inc. program at Camp Twin Lakes.

Your/Your Child's Name: _____

I. PARTICIPATION CONSENT

I understand and certify that my/my child's participation in the and its activities at Camp Twin Lakes is completely voluntary. I have familiarized myself with the Camp Sunshine, Inc. program 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, lake swimming, and boating. I acknowledge that although Camp Sunshine, Inc. and Camp Twin Lakes have taken safety measures to minimize the risk of injury to camp participants, Camp Sunshine, Inc. 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 the Camp Sunshine, Inc. program at Camp Twin Lakes. Further, I attest that my health insurance will cover any medical and hospital expenses that I/my child incur and I have received approval from a doctor authorizing me/my child to participate in Camp Sunshine, Inc. activities at Camp Twin Lakes. I also agree to inform Camp Sunshine, Inc. of any activities in which I/my child may not participate. I understand and agree that my child will be in an environment that involves elements related to nature, camping or community living, such as insects and insect bites, sun exposure, or communicable illnesses.

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, Inc. 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 in the Camp Sunshine, Inc. program at Camp Twin Lakes.

III. MEDIA RELEASE

I do_ I do not_ give Camp Sunshine, Inc. 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, Inc. and Camp Twin Lakes shall have the right to use photographs or other images of me/my child in promotion, educational or fundraising materials. I acknowledge that Camp Sunshine, Inc. 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, Inc. 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, Inc. 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.

IV. PROGRAM AND OUTCOMES EVALUATION

I do I do not give Camp Sunshine, Inc. and Camp Twin Lakes permission to survey me/my child in confidential and voluntary program evaluation at Camp Twin Lakes. I understand that my/my child's name will not be used in conjunction with surveys and the data collected will be used to improve programming at Camp Twin Lakes and other camps and programs.

V. DISPUTES

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Atlanta, Fulton County, Georgia. The arbitration shall be administered by JAMS and conducted before a single arbitrator in accordance with the JAMS Rules. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable.

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:
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1850 Clairmont Road
Decatur, GA 30033
FAX 404.325.7929**

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