



## 2020 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** - 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?

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How did you hear about Camp Sunshine?

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Please list any volunteers or campers that you know who have attended Camp Sunshine and how you know them:

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

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

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## ***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?

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9. What assets could the applicant improve?

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

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

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

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

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**PLEASE COMPLETE THE FOLLOWING:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_

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