



CAMP CELL-A-BRATION VOLUNTEER/MEDICAL STAFF APPLICATION

Please fill out all portions below.

Position:

Date:

I. PERSONAL INFORMATION

NAME:

(Last First Nickname Maiden/Other)

ADDRESS:

(Street Address City State Zip Code)

PERMANENT ADDRESS:

[if different] _____
(Street Address City State Zip Code)

(Male/Female) (Date of Birth) (Age) (Ethnicity)

(Drivers License No.) (State) ([REDACTED]) (Marital Status)

(Home Phone) (Cell Phone) (Work Phone) (Email)

How long have you lived in ? _____ Years. If less than 10 years, please list your previous city and state of residence with dates you lived there:

City	State	Dates of Residence
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide two emergency contacts and their relation to you:

Name	Number	Relation
_____	_____	_____
_____	_____	_____

II. EDUCATION & EMPLOYMENT INFORMATION

(You may bypass this section by attaching your most current resume)

High School Name: _____ **Diploma/GED obtained?** ___ Yes ___ No

College Name: _____ **Degree obtained?** ___ Yes ___ No

If yes, what did you obtain your degree in? _____

College Name: _____ **Degree obtained?** ___ Yes ___ No

If yes, what did you obtain your degree in? _____

College Name: _____ **Degree obtained?** ___ Yes ___ No

If yes, what did you obtain your degree in? _____

Employer's Name: _____ **Number:** _____

(Employers Street Address City State Zip Code)

Occupation: _____ **Supervisor's Name:** _____

Previous Employment:

III. REFERENCES

Please give the names, addresses, phone numbers, and email addresses of three persons (not relatives) who have knowledge of your character, experience and ability:

(Name Address Phone Email)

(Name Address Phone Email)

(Name Address Phone Email)

IV. CAMP, VOLUNTEER & SKILLS INFORMATION

How did you hear about Camp Cell-A-Bration? _____

Have you worked with a Camp before? If yes, please list the Camp and your duties. _____ Yes _____ No

Previous Volunteer Work: _____

Experience Working with Children: _____

Experience Working with Special Needs Children: _____

What is your T-Shirt size? _____ S _____ M _____ L _____ XL _____ XXL

Special Skills/Certifications/Training: Please check those activities in which you have experience.
____ First Aid ____ CPR ____ TX Professional License & Number _____

Please list special skills/interests: (piano, guitar, other musical instruments, video camera skills, etc.)

Is there an age group you prefer to work with? ____ Yes ____ No, If yes age group: _____

Please describe your goals and expectations as a volunteer:

V. MEDICAL INFORMATION

This information is kept confidential, along with ALL application materials. This section is only used to help you in the event of an emergency.

Doctor's Name: _____ **Phone Number:** _____

Health Insurance Carrier: _____ **Group/Policy Number:** _____

Physical Conditions: Please check all that apply:

____ High Blood Pressure ____ Heart Disease/Defect ____ Hay Fever
____ Allergies ____ Asthma ____ Eczema
____ Epilepsy ____ Diabetes ____ Sprains/Fractures
____ SCD Other: _____

Please list medications you take daily. Please include the medication name, dosage and how many times per day each is taken. (It is YOUR responsibility to take your medications)

Medication	Dosage	Times per day
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you allergic to anything? (Medication, foods, insects, etc) ___ Yes ___ No, If yes, please list the allergy and reaction:

Allergy	Reaction
_____	_____
_____	_____
_____	_____

VI. BACKGROUND INFORMATION

Have you ever been arrested, charged with, convicted of, or received a deferred adjudication with respect to any crime (except minor traffic offenses, toll violations, parking tickets etc – but check yes for DUI or DWI) ___ Yes ___ No

Has your Driver’s License ever been revoked or suspended? _____ Yes _____ No

Have you ever been fired for cause or asked to resign a job or suspended or expelled from school for assault, drug possession, child abuse or endangerment, weapons or another dangerous crime? _____ Yes _____ No

Are you currently on probation, deferred adjudication or form of shock probation? _____ Yes _____ No

Do you use illegal drugs? ___ Yes _____ No

For medical professionals, have you had a grievance, suspension or termination of your license? ___ Yes ___ No

If you answered YES to any of the questions above please explain: _____

*By signing below I certify that my answers are true and complete to the best of my knowledge and I give consent for my information to be verified. Please note if you are an adult with sickle cell disease volunteering as a camp counselor, you are responsible for **your own** medical care if you become ill during camp. This includes transportation to obtain medical care. In addition, you will need to bring whatever medications you use.*

Signature: _____ **Date:** _____

NOTICE TO CAMP COUNSELORS WITH SICKLE CELL DISEASE OR OTHER CHRONIC CONDITIONS

Camp Cell-A-Bration Counselors are required to engage in physical activity such as walking up to a mile daily and requires the individual to be outside in a variety of weather conditions. Camp Cell-A-Bration counselors are expected to care for the campers 24 hours a day while remaining healthy and physically able to complete all activities for the entire camp. Counselors with sickle cell disease or other chronic conditions must complete the Medical Release form in addition to this application. The Medical Release form will be provided after this application is complete.

CAMP CELL-A-BRATION
STAFF/VOLUNTEER COUNSELOR
CODE OF ETHICS & CODE OF CONDUCT

Please **initial** each statement after reading:

1. _____ Staff/Volunteers understand and embrace the mission of the Camp and willingly and knowingly accept the concept that the focus and goals of the Camp are directed to the campers.
2. _____ Staff/Volunteers will never leave a camper unsupervised.
3. _____ Staff/Volunteers will never be alone with campers or a camper, except when assisting with personal hygiene or toileting which is permitted by specific Camp policies or in an emergency.
4. _____ Staff/Volunteers will not abuse campers including:
 - Ⓧ Physical Abuse strike, spank, shake, slap
 - Ⓧ Verbal Abuse humiliate, degrade, and threaten
 - Ⓧ Sexual Abuse including inappropriate touching
 - Ⓧ Mental Abuse hazing, negative manipulation
5. _____ Staff/Volunteers will use positive guidance techniques including redirection, anticipation of and elimination of potential problems, positive reinforcement, support and encouragement rather than competition, comparison, criticism, or humiliating discipline techniques.
6. _____ Staff/Volunteers must treat with confidence and respect personal information they learned from campers, subject to the policies on reporting abuse and neglect, as referenced elsewhere in the Camp Cell-A-Bration Manual.
7. _____ Staff/Volunteers will treat campers of all ethnic, religious and cultural backgrounds with respect and consideration.
8. _____ Staff/Volunteers will treat Camp Cell-A-Bration Staff/volunteers/Camp for All Staff/volunteers with respect and consideration at all times. There will not be fights, arguments, pranks, entering other cabins without permission, touching other person's personal items, taking Camp items or breaking/damaging items of Camp and others.
9. _____ Staff/Volunteers will adhere to the Discipline Policy as stated in the Camp Cell-A-Bration Manual.
10. _____ Staff/Volunteers will portray a positive role model for campers, including but not limited to, maintaining an attitude of respect, loyalty, patience, honesty, courtesy, tact and maturity at all times to all patrons. Staff/Volunteers will not yell, act unruly, or cause a disturbance.
11. _____ Staff/Volunteers will not use profanity, curse words or discuss adult subject matter at Camp.
12. _____ Staff/Volunteers will adhere to the dress code for Camp Cell-A-Bration.
13. _____ Staff/Volunteers will not use, possess or be under the influence of alcohol or illegal drugs during Camp.
14. _____ Staff/Volunteers are prohibited from having firearms or other weapons while at Camp Cell-A-Bration.

15. _____ Staff/Volunteers must be free of health or psychological conditions that might affect campers' health.
16. _____ Staff/Volunteers will comply with the outlined activities and expectations of their defined roles at Camp Cell-A-Bration and all required activities prior to Camp which support their roles.
17. _____ Staff/Volunteers are prepared and willing to assist and support campers to meet personal daily needs.
18. _____ Staff/Volunteers will accommodate and be sensitive to the developmental differences and abilities of individual campers.
19. _____ Staff/Volunteers that do not have a pre-existing relationship with a camper will not fraternize with campers (baby sitting, phone calls, and private lessons) outside of Camp Cell-A-Bration supervised activities or the Camp setting. Any exception to this policy requires written approval in advance from the SCAAMTF or Camp Director.
20. _____ Staff/Volunteers will not offer gifts or money to campers or their families.
21. _____ Staff/Volunteers are required by State laws to report any suspected abuse or neglect of a child to the Camp Director so that it may be reported to the authorities (Department of Protective and Regulatory Services and local enforcement agency).
22. _____ Staff/Volunteers will not make personal disclosures to campers with an attempt to influence individual beliefs, values or lifestyles.
23. _____ Staff/Volunteers will adhere to the outlined policies, procedures and standards of Camp Cell-A-Bration.
24. _____ Staff/Volunteers must agree to provide all criminal and other background check information requested of them and must meet qualification standards established by the Camp Cell-A-Bration.

Staff/Volunteers must comply with this Code of Ethics throughout placement with the Camp Cell-A-Bration and affiliation with the sponsoring organization (Sickle Cell Association of Marc Thomas Foundation). This list is not exhaustive. Compliance with the Code of Ethics is a condition of continued involvement with the Camp. I understand that violation of the following standards will be regarded as engaging in unethical behavior which is grounds for **IMMEDIATE TERMINATION AND DISMISSAL** of roles and responsibilities.

(Signature)

(Date)

CAMP CELL-A-BRATION VOLUNTEER GENERAL LIABILITY RELEASE, WAIVER, INDEMNIFICATION AN AGREEMENT NOT TO SUE

1. **PARTICIPATION CONSENT:** I, the undersigned, _____, authorize my participation in CAMP CELL-A-BRATION ("CAMP"), including all related activities. I fully understand all of the dangers, hazards and risk that are associated with and may occur as a result of my participation in the CAMP and related activities. These activities include, but are not limited to, the activities of horseback riding, high and low elements ropes course, swimming, archery, riflery, sporting activities, and canoeing. I understand that these activities are voluntary and I have familiarized myself with Camp Cell-A-Bration's Program and activities at Camp For All in which I will be participating. I understand that these dangers and risks may result in property damage, impairment to health and well being, and/or physical injury, including serious or even fatal injuries. I acknowledge that although Camp Cell-A-Bration and Camp For All have taken safety measures to minimize the risk of injury to camp participants, Camp Cell-A-Bration and Camp For All cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have been instructed in the importance of knowing and abiding by the rules, regulations, and procedures for Camp Cell-A-Bration at Camp For All. I also agree to inform Camp Cell-A-Bration of any activities in which I may not participate.

2. **EXCULPATORY AND INDEMNITY CLAUSE.** In consideration for being permitted to participate at CAMP (free of charge), I agree to assume full responsibility for all risks. **I further agree to release, waive, agree to hold harmless and covenant not to sue Camp Cell-A-Bration, and all purposes the Sickle Cell Association of Texas Marc Thomas Foundation a non-profit agency,** and its board of directors, officers, agents, employees, volunteers, and Camp For All (referred to collectively as "Releasees"), from **and against any and all liability,** claims, demands, actions, causes of action, suits in equity, whatsoever arising out of or related to any loss, damage, or injury, including fatal injuries along with court costs and attorney's fees and expenses **whether caused as a result of sole, joint or concurrent negligence, negligence per se, statutory fault or strict liability of Releasees or otherwise,** that may be sustained while participating in CAMP and CAMP related activities while in or upon the premises where the CAMP and related activities are being conducted or while being transported to, from or in connection with the CAMP. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct. I further agree to indemnify the Releasees from liability, claims, demands, actions, causes of action, or suits in equity arising out of loss, damage or injury that occurs as a result of my negligent or intentional act or omission while participating in CAMP and in related activities.

3. **NO INSURANCE.** I understand that Releasees may or may not maintain any insurance policy covering any circumstance arising from my participation in CAMP or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. CAMP and SCAAMTF may not carry general liability insurance to cover claims arising from CAMP and CAMP activities so it seeks a waiver of claims as additional consideration for the right to participate so CAMP and the SCAAMTF, can (a) provide the CAMP free of cost to participants; and (b) to provide access to a greater number of participants by expending limited resources on program materials and activities rather than on liability insurance.

4. **MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER.** I understand Releasees cannot be expected to control all of the risks articulated in this form and Releasees need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at an off-site medical facility or hospital, during my participation in this activity with the understanding that the cost of any such treatment **will be my responsibility.** I agree to indemnify and hold harmless Releasees for any costs incurred for my treatment, even if Releasees have signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, Releasees from any and all liabilities, claims, demands, injuries (including fatal injuries), or damages, including court costs and attorney's fees and expenses, that I may sustain while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of Releasees.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

5. **BINDS HEIRS.** It is my express intent that this Release, Waiver, Indemnification and Agreement not to Sue shall bind myself, the other members of my family and spouse, if I am living, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am not living.
6. **AGREEMENT OF RELEASE AND VOLUNTARY SIGNATURE:** In signing this Release, Waiver, Indemnification and Agreement not to Sue, **I acknowledge and represent that I have carefully read the document and understand its contents** and that I sign voluntary as my **own free act** and deed. CAMP and Releasees have not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I further state that I am at least eighteen (18) years of age and fully competent to sign; and that I have executed this Release for full, adequate, and complete consideration fully intending to be bound by the same.

PLEASE READ CAREFULLY BEFORE SIGNING.

By signing below you agree to the terms of the Waiver, Indemnification and Agreement not to Sue and agree to follow all instructions and procedures in order to maintain my safety while attending the Camp Cell-A-Bration.

Print Name: _____

Signature: _____ Date: _____

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