

- 1) Have you ever been charged with or convicted of a felony? ____Yes ____No
- 2) Have you ever been charged with or convicted of any crime involving a sex offense, an assault or the use of a weapon? ____Yes ____No
- 3) Have you ever been charged with or convicted of any crime involving the use, possession or the furnishing of drugs or hypodermic syringes? ____Yes ____No
- 4) Have you ever been charged with or convicted of reckless driving, operating a motor vehicle while under the influence, or driving to endanger? ____Yes ____No

If you answered Yes to any of the above four items. please explain. _____

- 5) (OPTIONAL) Please indicate if you have personally experienced a life threatening illness or if you are currently being treated for a serious on-going illness. ____Yes ____No

If yes, would you be willing to share your experience with a group at Camp Sunshine? ____Yes____ No

Have you ever participated in Camp Sunshine as a family? ____Yes____ No If so, Date _____

Camp Sunshine has my permission to run a background check on me. ____Yes ____No

I can speak Spanish: ____Yes ____No Other languages: _____

I can speak French: ____Yes ____No

Sign Language: ____Yes ____No

I am a Red Cross certified lifeguard: ____ Yes ____ No

I am willing to work on fundraising: ____ Yes ____ No

I feel qualified to be a lead counselor ____ Yes ____ No

Please list any special skills, hobbies or interests you may have: _____

How did you hear about Camp Sunshine? _____

If selected, I give my permission to include my name and/or picture in all Camp Sunshine promotional material, newspapers, tv, radio, brochures, videos, etc. ____ Yes ____ No

Please list years that you have volunteered at Camp Sunshine: _____
 (We continue to update our records to make sure you are included in all previous years you volunteered.)

I will need sleeping accommodations: ____ Yes ____ No I will need all meals: ____ Yes ____ No

****Accommodations available for volunteers 18 years of age or older. Volunteers 16-17 years old may stay on site if accompanied by a volunteering chaperone over the age of 21.**

I would like to share accommodations with: _____

____ Yes, I have already sent in my \$50 membership donation. ____ My membership donation is enclosed.

____ Yes, I have already sent in my \$25 Student Associate Membership donation.

(Membership donation optional; but encouraged)

SIGNATURE _____ DATE _____

We must have your signature if you wish to be considered for volunteer positions. Thank you.

CAMP SUNSHINE'S 2009 PROGRAMS

ALL QUESTIONS MUST BE ANSWERED TO BE CONSIDERED FOR VOLUNTEER POSITIONS

Volunteer Name: _____

Phone # _____

Please indicate which session/sessions you would like to volunteer.

If selected please keep in mind that although we will try to accommodate your first choice; it may be necessary to place you into another session. Sessions/illnesses may be subject to change. Also, please make note if you are willing/able to volunteer for multiple sessions:

- _____ Fri February 13 - Tues February 17 (Oncology)
- _____ Wed February 18 - Sun February 22 (Oncology)
- _____ Thurs May 21 – Mon May 25 (Bereavement)
- _____ Fri June 5 - Tues June 9 (Solid Organ Transplant)
- _____ Sun June 14 - Fri June 19 (Retinoblastoma)
- _____ Sun June 21 - Fri June 26 (Oncology)
- _____ Mon June 29 - Fri July 3 (Hematology)
- _____ Sun July 5 - Sat July 11 (Brain Tumor)
- _____ Sun July 12 - Fri July 17 (Oncology)
- _____ Sun July 19 - Fri July 24 (Oncology)
- _____ Sun July 26 - Fri July 31 (Renal)
- _____ Sun August 2 - Thurs August 6 (Oncology)
- _____ Fri August 7 - Wed August 12 (Fanconi Anemia)
- _____ Sun August 16 - Fri August 21 (Lupus)
- _____ Sun August 23 - Fri August 28 (Oncology)
- _____ Sat August 29 - Wed September 2 (Spanish Speaking - Oncology)
- _____ Thurs September 3 – Mon September 7 (Off Treatment Oncology)
- _____ Fri October 9 - Tues October 13 (Brain Tumor)
- _____ Thurs October 29 – Sun November 1 (Hematology – Oncology)
- _____ Sat November 7 - Wed November 11 (Bereavement)
- _____ Fri November 13 – Sun November 15 (Down Syndrome / Leukemia)
- _____ Fri December 4 – Sun December 6 (Brain Tumor)

_____ **I am willing/able to volunteer for multiple sessions.**

**** Dates and illnesses subject to change**

Please check all areas for which you would be willing to volunteer:

(Please check a minimum of 3 areas)

(Assignments are subject to change depending upon NEEDS of camp. Thank you!)

- | | | |
|-------------------------|------------------------------|--|
| _____ Nursery | _____ Kitchen* | _____ Landscaping / Grounds clean-up* |
| _____ 3-5 tot lot | _____ Marina / Aquatics* | _____ Arts & Crafts* |
| _____ 6-8 day camp | _____ Driver* | _____ Camp Store* |
| _____ 9-12 day camp | _____ Lifeguard* (Certified) | _____ Photographer* |
| _____ Teen day camp | _____ Housekeeping* | _____ Computer Data Entry* |
| _____ Adult program | _____ Front Desk / Office* | _____ Building Maintenance / Janitorial* |
| _____ Activities Window | _____ Food Service * | _____ One on One Counselor |
| _____ Library Support | _____ Fitness Room Attendant | |

*Full and Partial week volunteering available for these areas
(No overnight accommodations when volunteering partial weeks)

Voluntary Disclosure Statement
(All Camp Staff & Volunteers)

Developed and approved by American Camping Association

Please Remit to:
Camp Sunshine
c/o Personnel Dept
35 Acadia Road
Casco, ME. 04015

****In accordance with the ACA's accreditation requirements, the following information must be provided by ALL volunteers.****

Name _____ Birth Date _____
Last First Middle

Home Address _____
Street Address City State Zip

Social Security # _____ Other names by which known _____
(e.g., Maiden name, etc.)

Home Phone _____ Business Phone _____

School or College _____

Address _____
Street Address City State Zip

Driver's License # _____ State _____ Expiration Date _____

1. Previous residence(s) for last 5 years (include college or home residences):

City _____ State _____ Years _____

City _____ State _____ Years _____

City _____ State _____ Years _____

City _____ State _____ Years _____

(continue on separate sheet if necessary)

2. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? ____ Yes ____ No

If yes, please explain: (Use a separate sheet if necessary)

3. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below? ____ Yes ____ No

**Indecent assault and battery on a child under fourteen.*

**Indecent assault and battery on a mentally retarded person*

**Indecent assault and battery on a person who has obtained the age of 14*

**Rape*

**Rape of a child under sixteen with force*

**Assault with the intent to commit rape*

**Kidnapping of a child under sixteen with intent to commit rape*

**Distribution and trafficking of narcotics or other controlled substances*

**Intent to commit any of the above crimes*

If yes, please explain: (Use a separate sheet if necessary)

4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? ____ Yes ____ No

If yes, please explain: (Use a separate sheet if necessary)

5. Are you now, or have you ever been, subject to any court order involving sexual or physical abuse of a minor, including but not limited to a domestic order of protection? ____ Yes ____ No

If yes, please explain: (Use a separate sheet if necessary)

6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? ____ Yes ____ No

If yes, please explain: (Use a separate sheet if necessary)

I understand that:

A. Camp Sunshine may deny volunteering to any person who answers any of questions numbered 2-6 above in the affirmative.

B. In applying for a camp position the information which I have furnished on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.

C. Camp Sunshine may terminate volunteer service of any person:

1. Found to have a history of complaints of abuse of a minor and/or
2. Found to have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor.

D. This disclosure statement must be updated yearly.

Signature: _____ Date _____

Signature of Minor's Parent or Guardian: _____ Date _____



A retreat for children with life threatening illnesses and their families.

Permission to Treat

I hereby give permission to the medical personnel selected by the Camp Sunshine Director to provide routine health care; to administer medications; to order x-ray's, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for:

(Volunteer or staff person's name)

Signed _____ Date _____

Signed _____ Date _____
(signed parent or legal guardian if under the age or eighteen)

Please note any allergies individual may have: _____

Please note any medications individual is currently taking: _____

In the event of an emergency please contact:

(Name) (Phone #, including area code)

Please Remit All Forms To: Camp Sunshine, Personnel Dept., 35 Acadia Road, Casco, ME 04015
Email: info@campsunshine.org WebSite: <http://www.campsunshine.org>
Phone: (207)-655-3800 Fax: (207)-655-3825