



**ALL QUESTIONS MUST BE ANSWERED TO BE CONSIDERED FOR VOLUNTEER POSITIONS**

- 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
- 5) Are you seeking to volunteer in order to satisfy court-ordered community service?  Yes  No

If you answered Yes to any of the above five items. please explain . \_\_\_\_\_  
\_\_\_\_\_

6) (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: \_\_\_\_\_  
Sign Language:  Yes  No

I am a Red Cross certified lifeguard:  Yes  No Date of expiration: \_\_\_\_\_  
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: \_\_\_\_\_  
If 16 or 17: name of chaperone: \_\_\_\_\_

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 2010 PROGRAMS

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 12 - Tues February 16 (Oncology)
- \_\_\_\_\_ Wed February 17 - Sun February 21 (Oncology)
- \_\_\_\_\_ Fri February 26 – Sun February 28 (Mixed Diagnosis)
- FULL Fri April 16 – Mon April 19 (Oncology)
- \_\_\_\_\_ Fri May 21 – Sun May 23 (Sickle Cell)
- \_\_\_\_\_ Thurs May 27 – Mon May 31 (Bereavement)
- FULL Fri June 4 – Tues June 8 (Solid Organ Transplant)
- FULL Sun June 13 – Fri June 18 (Retinoblastoma)
- FULL Sat June 19 – Wed June 23 (Oncology)
- FULL Fri June 25 – Wed June 30 (Fanconi Anemia)
- FULL Mon July 5 – Sat July 10 (Brain Tumor)
- FULL Sun July 11 – Fri July 16 (Diamond-Blackfan Anemia)
- FULL Sun July 18 – Fri July 23 (Oncology)
- FULL Sun July 25 – Fri July 30 (Shwachman-Diamond Syndrome)
- FULL Sun Aug 1 – Fri Aug 6 (Oncology)
- FULL Sun Aug 8 – Fri Aug 13 (Brain Tumor)
- FULL Sun Aug 15 – Fri Aug 20 (Lupus)
- FULL Sun Aug 22 – Thurs Aug 26 (Oncology – Spanish Speaking)
- FULL Thurs Aug 26 – Mon Aug 30 (Oncology – Off Treatment)
- \_\_\_\_\_ Thurs Sept 2 – Tues Sept 7 (Renal)
- FULL Thurs Sept 30 – Sun Oct 3 (Dyskeratosis Congenita)
- FULL Fri Oct 8 – Tues Oct 12 (Brain Tumor)
- FULL Fri Oct 29 – Sun Oct 31 (Mixed – Great Pumpkin Weekend)
- FULL Wed Nov 10 – Sun Nov 14 (Bereavement)
- FULL Fri Dec 3 – Sun Dec 5 (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 / Food Service* | _____ 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     | _____ Fitness Room Attendant  | _____ Building Maintenance / Janitorial* |
| _____ Activities Window | _____ One on One Counselor    |  |

\*Full and Partial session volunteering available for these areas  
 (No overnight accommodations when volunteering partial sessions)

**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 applicants.\*\***

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_  
Street Address City State Zip

Social Security # \_\_\_\_\_ Other names by which known (e.g., maiden name) \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone (if applicable) \_\_\_\_\_

Cell phone (optional) \_\_\_\_\_ E-mail address (optional) \_\_\_\_\_

School or College \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

1. Previous residence(s) for last five years (include college and 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 arrested and/or charged with a crime? (This includes all arrest and charges whether or not they were dismissed, deemed nolle prosequi, deferred adjudication, or found not guilty.)

Yes No

3. 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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. 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 fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with 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.)

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5. 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.)

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6. 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 or protection? Yes    No

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

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

If yes, please explain:

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I understand that:

- a) The camp may deny volunteer opportunities to any person who answers "yes" to any one of questions 2-7. If accepted and Camp Sunshine later discovers circumstances that would indicate a "yes" answer to any of the above questions, volunteer status may be terminated immediately.
- b) The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers. (A separate release form may be required)
- c) The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
  - 1) have a history of complaints of abuse of a minor;
  - 2) 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; and/or
  - 3) have falsified or omitted information in this disclosure statement.
- d) This disclosure statement must be updated yearly and immediate notification provided to the camp if any information provided changes.

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](mailto:info@campsunshine.org) WebSite: <http://www.campsunshine.org>  
Phone: (207)-655-3800 Fax: (207)-655-3825