



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

Dear Friend,

Thank you for your interest in helping to bring smiles to children with a life-threatening illness and their families.

If you are a new volunteer welcome! Please fill out and mail in the completed application.

If you are a returning volunteer, welcome back! Please note that the application has changed since last year.

In order for your application to be considered for a volunteer placement, the following requirements must be met:

- All volunteers must be 16 and older.
- Volunteers 16 or 17 must have a chaperone/guardian 21 years of age or older volunteering with them to stay on campus.
- If you are a new volunteer, you **must** have 3 references listed that are 18 years of age or older that are not related to you that we can contact.
- We run background checks on all volunteers, so please be sure to completely fill out the background check permission pages.
- Due to the immunocompromised nature of many of our guests, we **REQUIRE** all volunteers ages **25 and under** to be up to date with their immunizations. If accepted, we will send a medical form through the mail. A copy of your immunizations will need to be included when that form is sent back.
- If accepted, we require each volunteer to fill out the medical form which will be sent to you via the mail. If you are volunteering for multiple sessions, you only need to submit one medical form for the calendar year. Attaching a doctor's form to the medical form is acceptable, but be sure to fill out any information on our form that the doctor's form does not cover.

Please note that even though the application may indicate that a session has openings, we may have filled the session(s) in the area(s) of interest that you selected between when you printed the application and when we received it.

Again, thank you so much for your interest in Camp Sunshine!

Best Wishes,

Beth Packard
Volunteer and Program Coordinator
Camp Sunshine

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 _____

I authorize and give Camp Sunshine my permission to run a background check/search 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 2017 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:

- FULL ** Fri February 17 - Tues February 21 (Oncology)
- FULL ** Wed February 22 - Sun February 26 (Oncology)
- _____ Weds April 19 - Sun April 23 (Mixed Diagnosis)
- FULL ** Thurs May 4 - Mon May 8 (Bereavement)
- FULL ** Thurs May 25 – Tues May 30 (Mixed Diagnosis)
- FULL ** Thurs June 8 - Tues June 13 (Oncology)
- FULL ** Thurs June 15 - Tues June 20 (Retinoblastoma)
- FULL ** Fri June 23 – Wed June 28 (FA)
- FULL ** Sun July 2 – Fri July 7 (Oncology)
- FULL ** Sun July 9 – Fri July 14 (DBA)
- FULL ** Sun July 16 – Fri July 21 (Hematology/Oncology)
- FULL ** Sun July 23 – Fri July 28 (Brain Tumor – Low Grade)
- FULL ** Sun July 30- Fri Aug 4 (Lupus)
- FULL Sun Aug 6 – Fri Aug 11 (Oncology)
- FULL ** Sun Aug 13 – Fri Aug 18 (Renal/ Solid Organ)
- FULL Sun Aug 20 – Thurs Aug 24 (Oncology Off-Treatment)
- FULL++ Sat Aug 26 – Weds Aug 30 (Oncology – Spanish Speaking)
- _____ Thurs Aug 31 – Tues Sept 5 (Mixed Diagnosis)
- FULL ** Thurs Sept 21 – Sun Sept 24 (Sickle Cell)
- FULL Fri Oct 6 – Tues Oct 10 (Brain Tumor)
- FULL ** Fri Oct 27 – Mon Oct 30 (Mixed Diagnosis)
- FULL ** Thurs Nov 9- Mon Nov 13 (Bereavement)
- FULL++ Fri Dec 1 – Sun Dec 3 (Mixed)

_____ **I am willing/able to volunteer for multiple sessions.**
--Dates and illnesses subject to change--

****LIFEGUARD PLACEMENTS ONLY**
++LIFEGUARD & FOOD SERVICE PLACEMENTS ONLY

All Lifeguards Must be Certified
Teen Counselors must be 21+ years old

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* | _____ Fitness Room Attendant |
| _____ Adult program | _____ One on One Counselor | _____ Building Maintenance / Janitorial° |
| _____ Activities Window | | |

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



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Permission to Treat

I hereby give permission to the medical personnel selected by the Camp Sunshine Medical 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 Sunshine Medical 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



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Permission to Use Photos, Videos, Tapes and other media

On behalf of myself and my family, I do hereby give Camp Sunshine, without consideration or compensation, permission to use photographs, videotape, and/or audiotape that may be taken or recorded while I, my family and or children are attending Camp for promotional, educational, or fundraising purposes including, but not limited to, postings on social media.

It is my understanding that these likenesses may be used to promote public and professional understanding and support of the program. I waive any right that I may have to inspect or approve the finished product or the use to which it may be applied.

To ensure the privacy of Camp Sunshine and all families/volunteers, I agree not to reproduce, share, nor post anywhere on the internet, the content of the photos on the disk given to me by Camp Sunshine without the written expressed consent of Camp Sunshine.

(Volunteer or staff person's name)

Signed _____ Date _____

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

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



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**DISCLOSURE AND AUTHORIZATION FORM
TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment/volunteer acceptance and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, **CAMP SUNSHINE** ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.



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AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize **CAMP SUNSHINE** to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment/volunteer positions and, if I am employed/accept to volunteer, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment/volunteer decision about me.

I do _____ do not _____ authorize you to contact my **current** employer for Employment and Reference Verifications.

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Printed Name

Applicant Signature

Date

Parent or Legal Guardian Signature
(for searches conducted on minors under
the age of 18)

Date



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Personal Data

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Street	City State Zip Code	Years Used
Addresses for the Past Seven Years: (include street, city, state, zip code)		Dates of Residence:
_____		_____
_____		_____
_____		_____
_____	_____	_____
Date of Birth	Other Names Used (including maiden name)	Years Used
_____	_____	_____
Social Security Number	Driver's License #	State
_____	_____	_____
Email address (may be used for official correspondence)	_____	Phone Number

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment/volunteer acceptance and my discharge after employment/acceptance.

_____	_____	_____
Printed Name	Applicant Signature	Date

Name of Applicant: _____

Voluntary Disclosure Statement
All Camp Staff and **FM**
Volunteers **16**

Developed and approved by the
american **CAMP** association®

Camp Sunshine 35 Acadia Rd Casco, ME 04015 (207) 655-3800
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1. 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

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 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.)

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 or 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:
