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
Camp Sunshine Volunteer Application Form
(Please Print Clearly)

Name ______________________________________________________
(First) ____________________________ (Last) ____________________________

Phone ______________________________________________________
(Home #) __________________________________ (Work #) ____________________________ (Cell#) ____________________________

Street ______________________________________________________
City ____________________________ State ____________________________ Zip ____________________________

Date of Birth ____________________________ Male _________ Female _________
(Optional) (Minimum volunteer age: 16 years old)

Drivers License # ____________________________ State ____________________________
Social Security # ____________________________
E-Mail Address ____________________________

VOLUNTEER & EMPLOYMENT INFORMATION

1) Organization ______________________________________ Phone ____________________________
Address __________________________________________ City _________ State _________ Zip ____________________________
Contact Person ______________________________________ Employed/Volunteered from ___(month) ___(year)
Reason for leaving __________________________________________ to ___(month) ___(year)
Job title __________________________________________ Describe work or volunteer service below:
________________________________________________________________________________

2) Organization ______________________________________ Phone ____________________________
Address __________________________________________ City _________ State _________ Zip ____________________________
Contact Person ______________________________________ Employed/Volunteered from ___(month) ___(year)
Reason for leaving __________________________________________ to ___(month) ___(year)
Job title __________________________________________ Describe work or volunteer service below:
________________________________________________________________________________

May we contact the above employers? _____ Yes _____ No
If No, please explain why. __________________________________________

Personal or Professional References: (Not related / 18 years of age or older)

Name ____________________________ Address ____________________________
Occupation ______________________________________ Phone ____________________________
Name ____________________________ Address ____________________________
Occupation ______________________________________ Phone ____________________________
Name ____________________________ Address ____________________________
Occupation ______________________________________ Phone ____________________________

Have you been referred by any Camp Sunshine volunteers or families: (please list)
Family/Volunteer ____________________________ Address ____________________________
Occupation ______________________________________ Phone ____________________________
Family/Volunteer ____________________________ Address ____________________________
Occupation ______________________________________ Phone ____________________________

Camp Sunshine is a tobacco free and a dry (no alcohol) campus.
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)
FULL ** 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)
FULL++ 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
_____ 3-5 tot lot
_____ 6-8 day camp
_____ 9-12 day camp
_____ Teen day camp
_____ Adult program
_____ Activities Window

_____ Kitchen / Food Service*
_____ Marina / Aquatics*
_____ Driver*
_____ Lifeguard* (Certified)
_____ Housekeeping*
_____ One on One Counselor

_____ Landscaping / Grounds clean-up*
_____ Arts & Crafts*
_____ Camp Store*
_____ Photographer
_____ Fitness Room Attendant
_____ Building Maintenance / Janitorial*

*Full and Partial session volunteering available for these areas
(No overnight accommodations when volunteering partial sessions)
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 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 of 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
A retreat for children with life threatening illnesses and their families.

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

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

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
Personal Data

Last Name ___________________ First Name ___________________ Middle Name ___________________

Street ___________________ City ___________________ State ___________________ Zip Code ___________________

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®

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: