



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.

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** 2 references listed that are 18 years of age or older that are not related to you and 1 that is 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.
- **At minimum, volunteers under the age of 26 MUST HAVE the following immunizations:**

5 DTaP (4 DTaP if the 4th is given on or after the 4th birthday)
4 Polio (if the 4th dose is given before the 4th birthday, an additional age-appropriate inactivated polio immunization should be given on or after the 4th birthday)
2 MMR (measles, mumps, rubella)
1 Varicella (chickenpox) or history of disease
1 Meningococcal vaccine
1 TDaP booster prior to attendance

- If accepted, we require each volunteer to fill out the medical form which will be sent to you via email. 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.

If we cannot read your handwriting, you may not be accepted as a volunteer, so please write legibly!

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



PLEASE ATTACH A
RECENT PHOTO OF
YOURSELF HERE

(optional)

Camp Sunshine Volunteer Application Form (Please Print Clearly)

Name _____
(First) (Nickname) (Last)

Phone _____
(Home #) (Work #) (Cell#)

Street _____
City _____ State _____ Zip _____

Date of Birth _____ Gender: _____
(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 _____

Related Reference: (18 years of age or older)

Name _____ Address _____
Relation / 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 _____

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 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? _____

Have you completed the state of Maine Mandated Reporter Training Certification? ____ Yes ____ No
If so, Date _____

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 has a "ZERO TOLERANCE" child abuse policy.

CAMP SUNSHINE'S 2019 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 15 - Tues February 19 (Oncology)
- FULL++ Wed February 20 - Sun February 24 (Oncology)
- _____ Sat April 13 - Tues April 16 (BCH Transplant)
- LIMITED Thurs May 23 – Tues May 28 (Bereavement)
- _____ Thurs May 30 – Tues June 4 (Mixed Diagnosis)
- LIMITED Thurs June 6 - Tues June 11 (Oncology)
- FULL++ Thurs June 13 - Tues June 18 (Retinoblastoma)
- FULL++ Fri June 21 – Weds June 26 (FA)
- LIMITED Sun June 30 – Fri July 5 (Oncology)
- LIMITED Sun July 7 – Fri July 12 (DBA)
- LIMITED Sun July 14 – Fri July 19 (Hematology / Oncology)
- FULL++ Sun July 21 – Fri July 26 (Brain Tumor – Low Grade)
- FULL++ Sun July 28 – Fri Aug 2 (Lupus)
- FULL** Sun Aug 4 – Fri Aug 9 (Oncology)
- LIMITED Sun Aug 11 – Fri Aug 16 (Renal / Solid Organ)
- LIMITED Sun Aug 18 – Thurs Aug 22 (Oncology Off-Treatment)
- _____ Sat Aug 24 – Weds Aug 28 (Mixed Diagnosis)
- _____ Thurs Aug 29 – Mon Sept 2 (Oncology – Spanish Speaking)
- _____ Thurs Sept 19 – Sun Sept 22 (Sickle Cell)
- FULL++ Fri Oct 11 – Tues Oct 15 (Brain Tumor)
- _____ Fri Oct 25 – Mon Oct 28 (Mixed Diagnosis)
- LIMITED Fri Nov 8 - Tues Nov 12 (Bereavement)

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

Save the Date: Nov 1-3 Volunteer Appreciation Weekend

****Food Service and Lifeguards Only**

++Lifeguards 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 4 areas)

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Kitchen / Food Service° | <input type="checkbox"/> Landscaping / Grounds clean-up° |
| <input type="checkbox"/> 3-5 tot lot | <input type="checkbox"/> Marina / Aquatics° | <input type="checkbox"/> Arts & Crafts° |
| <input type="checkbox"/> 6-8 day camp | <input type="checkbox"/> Driver° | <input type="checkbox"/> Camp Store° |
| <input type="checkbox"/> 9-12 day camp | <input type="checkbox"/> Lifeguard° (Certified) | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Teen day camp | <input type="checkbox"/> Housekeeping* | <input type="checkbox"/> Fitness Room Attendant |
| <input type="checkbox"/> Adult program | <input type="checkbox"/> One on One Counselor | <input type="checkbox"/> Building Maintenance / Janitorial° |
| <input type="checkbox"/> 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 USB drive provided 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

ACKNOWLEDGMENT AND AUTHORIZATION OF BACKGROUND CHECK

I have read and understand the foregoing disclosure and by signing below, I authorize Camp Sunshine (“the Company”) to obtain “consumer reports” and/or “investigative consumer reports” about me during the course of the application process and during the course of my employment, to the extent permitted by law. You have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report by contacting Crimcheck.com 17295 Foltz Industrial Parkway, Suite B, Strongsville, OH 44149 [1-877-992-4325].

Minnesota applicants or employees only: You have the right, upon written request to Crimcheck.com, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Crimcheck.com must make this disclosure within five days of receipt of your request or of the Company’s request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by Camp Sunshine.

Massachusetts and New Jersey applicants or employees only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency, Crimcheck.com, directly.

Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

New York applicants or employees only: You have the right, upon request, to be informed of whether or not a consumer report was requested from a consumer reporting agency by contacting the consumer reporting agency, Crimcheck. If a consumer report is requested, you will again be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting Crimcheck.

Washington State applicants or employees only: You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.

California applicants or employees only: Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature: _____ Date: _____

Name: _____



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**Personal Information Necessary To Facilitate Background Check
(Please print clearly)**

Please provide the following information in order to facilitate a background check on you.

Name: _____
First Name Middle Name (Required if applicable) Last Name

Please provide any previous names/maiden names or nicknames that have ever been associated with your name:

Current Home

Address: _____
Street Address (No P.O. Boxes) City State Zip County

Previous

Address: _____
Street Address (No P.O. Boxes) City State Zip County

How long have you lived at current address? _____

Date of Birth: ____ / ____ / ____ Driver's License Number: _____

Driver's License State: _____

SSN _____ - _____ - _____

Email Address: _____

Crimcheck.com and Camp Sunshine will only use this information for background screening purposes and no other purpose. Camp Sunshine does not perform credit checks as part of our screening process.

Voluntary Disclosure Statement: All Camp Staff and Volunteers

Name of Applicant: _____

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 an individual with an intellectual disability
- 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:

I understand that:

- a) The camp may deny employment to any person who answers "yes" to any one of questions 2-6. If hired and the employer later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment 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.
- 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.

Signature _____ Date _____

Signature of Minor's Parent or Guardian _____ Date _____

FOR YOUR INFORMATION ONLY REGARDING BACKGROUND CHECKS!

PLEASE DO NOT SEND BACK

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). *You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:*
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans,

but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your

name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>