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:

<table>
<thead>
<tr>
<th>Immunization</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 DTaP (4 DTaP if the 4th is given on or after the 4th birthday)</td>
</tr>
<tr>
<td>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)</td>
</tr>
<tr>
<td>2 MMR (measles, mumps, rubella)</td>
</tr>
<tr>
<td>1 Varicella (chickenpox) or history of disease</td>
</tr>
<tr>
<td>1 Meningococcal vaccine</td>
</tr>
<tr>
<td>1 TDaP booster prior to attendance</td>
</tr>
</tbody>
</table>

- 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

CS20
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 ____________________________

Camp Sunshine is a tobacco free and a dry (no alcohol) campus.  CC20
ALL QUESTIONS MUST BE ANSWERED TO BE CONSIDERED FOR VOLUNTEER POSITIONS

1) 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

2) 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 ________________________________
   _____________________________________________________________________________________

3) (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)

   Camp Sunshine provides equal volunteer opportunities to all individuals and applicants for volunteering and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

   This policy applies to all terms and conditions of volunteering, including recruiting, placement, promotion, termination, recall, transfer, leaves of absence, and training.

   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 2020 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.

--Dates and illnesses subject to change--

**** Feb 14 - 18 – Oncology: (Fri – Tues)
_____ Feb 19 - 23 – Oncology: (Weds – Sun)
_____ April 21 - 25 – BCH: Transplant: (Tues – Sat)
Limited May 21 - 26 – Bereavement: (Thurs – Tues)
_____ May 28 – June 2 – Telomere Biology Disorders (DC): (Thurs – Tues)
_____ June 4 - 9 - Oncology: (Thurs – Tues)
+++++ June 11 - 16 – Retinoblastoma: (Thurs – Tues)
+++++ June 18 - 23 – Oncology: (Thurs – Tues)
_____ June 26 - July 1 – FA: (Fri – Weds)
**** July 5 - 10 – Oncology: (Sun – Fri)
_____ July 12 - 17 – SDS: (Sun – Fri)
**** July 19 - 24 – Low Grade Brain Tumor: (Sun – Fri)
**** July 26 - 31 – Lupus: (Sun – Fri)
Limited Aug 2 - 7 – Oncology: (Sun - Fri )
Limited Aug 9 - 14 – Hematology/Oncology: (Sun – Fri)
Limited Aug 16 - 21 – Renal/SOT: (Sun – Fri)
_____ Aug 23 - 27 – Oncology Off Treatment: (Sun – Thurs)
_____ Aug 29 - Sept 2 – Mixed Diagnosis: (Sat – Weds)
_____ Sept 3 - 7 – Oncology Spanish Speaking: (Thurs – Mon) *speaking Spanish not required
_____ Sept 25 - 28 – Sickle Cell: (Fri – Mon)
**** October 9 - 13 – Brain Tumor: (Fri – Tues)
Limited October 29 - Nov 1 – Mixed Diagnosis: (Thurs – Sun)

_____ I am willing/able to volunteer for multiple sessions.
_____ Number of sessions you are interested in.

Save the Date: May 1-3 Volunteer Appreciation Weekend

Limited: Not all areas available
****: Certified Lifeguards only
+++++: Food Service and 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!)

_____ Nursery
_____ 3-5 tot lot
_____ 6-8 day camp
_____ 9-12 day camp
_____ Teen day camp
_____ Adult program

_____ 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

_____ 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 basic first aid and emergency treatment. 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 provide basic first and and/or emergency 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
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 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 of 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].

**Minneapolis 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: _________________________________
A retreat for children with life-threatening illnesses and their families.

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?
   - 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 ______________

Camp Sunshine has a “ZERO TOLERANCE” child abuse policy.
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](http://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](http://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](http://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:
<table>
<thead>
<tr>
<th>TYPE OF BUSINESS:</th>
<th>CONTACT:</th>
</tr>
</thead>
</table>
| 1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates | a. Consumer Financial Protection Bureau  
1700 G Street, N.W.  
Washington, DC 20552  

b. Federal Trade Commission  
Consumer Response Center  
600 Pennsylvania Avenue, N.W.  
Washington, DC 20580  
(877) 382-4357 |
| b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB: | a. Office of the Comptroller of the Currency  
Customer Assistance Group  
1301 McKinney Street, Suite 3450  
Houston, TX 77010-9050  

b. Federal Reserve Consumer Help Center  
P.O. Box 1200  
Minneapolis, MN 55480  

c. FDIC Consumer Response Center  
1100 Walnut Street, Box #11  
Kansas City, MO 64106  

d. National Credit Union Administration  
Office of Consumer Financial Protection (OCFP)  
Division of Consumer Compliance Policy and Outreach  
1775 Duke Street  
Alexandria, VA 22314 |
| 2. To the extent not included in item 1 above:  
Customer Assistance Group  
1301 McKinney Street, Suite 3450  
Houston, TX 77010-9050  

b. Federal Reserve Consumer Help Center  
P.O. Box 1200  
Minneapolis, MN 55480  

c. FDIC Consumer Response Center  
1100 Walnut Street, Box #11  
Kansas City, MO 64106  

d. National Credit Union Administration  
Office of Consumer Financial Protection (OCFP)  
Division of Consumer Compliance Policy and Outreach  
1775 Duke Street  
Alexandria, VA 22314 |
| 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. |  
| c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations |  |
| d. Federal Credit Unions |  |
| 3. Air carriers | Asst. General Counsel for Aviation Enforcement & Proceedings  
Aviation Consumer Protection Division  
Department of Transportation  
1200 New Jersey Avenue, S.E.  
Washington, DC 20590 |
| 4. Creditors Subject to the Surface Transportation Board | Office of Proceedings, Surface Transportation Board  
Department of Transportation  
395 E Street, S.W.  
Washington, DC 20423 |
| 5. Creditors Subject to the Packers and Stockyards Act, 1921 | Nearest Packers and Stockyards Administration area supervisor |
| 6. Small Business Investment Companies | Associate Deputy Administrator for Capital Access  
United States Small Business Administration  
409 Third Street, S.W., Suite 8200  
Washington, DC 20416 |
| 7. Brokers and Dealers | Securities and Exchange Commission  
100 F Street, N.E.  
Washington, DC 20549 |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations | Farm Credit Administration  
1501 Farm Credit Drive  
McLean, VA 22102-5090 |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above | Federal Trade Commission  
Consumer Response Center  
600 Pennsylvania Avenue, N.W.  
Washington, DC 20580  
(877) 382-4357 |