# **Second Chance Family Camp**



## Volunteer Application 2013

Family Camp volunteer application forms must be returned by Aug. 15, 2013.

#### Return application forms to:

Children's Healthcare of Atlanta, Attn: Megan Barrett, Transplant Administration

1405 Clifton Road NE, Atlanta, GA 30322 Or email them to: <a href="mailto:megan.barrett@choa.org">megan.barrett@choa.org</a>

All volunteers must be at least 21 years of age. If you a new volunteer, please enclose copy of your driver's license. Upon receipt of your application, you will be sent a confirmation email. Completing the application does not guarantee your acceptance to camp. If you are a new volunteer to Family Camp, you will be contacted for a phone interview. All volunteers are subject to a criminal background check and your acceptance will be pending the results. Instructions for this will be sent upon your acceptance as a volunteer.

#### Section 1: Volunteer Information

Name you will go by while at	camp:		
	C1 1		
City:	State:Zip:		:
Primary Phone:	Alternative Phone:		
Email Address:			
Date of Birth:	Check One	e: 🗆 Male	□ Female
Adult T-shirt size:   Small	☐ Medium ☐ Large ☐ X	L 🗆 2XL	□ 3XL
In Case of Emergency			
Emergency Contact:			
	Alternate:		
Have you ever been convicted	d of a felony?		
If yes, please explain:			

Family Camp Dates: Friday, September 13 through Sunday, September 15, 2013

Activity volunteers must be available the full weekend (Friday through Sunday). Volunteers will arrive at 5pm on Friday for a dinner and training. Camp will end around 1pm on Sunday

	noon. Please check off which days you are available to volunteer.			
□ Fric	day 🗆 Saturday 🗆 Sunday			
If you are able to arrive earlier on Friday to help with set-up, please check below:  ☐ Early camp set-up (around 3pm)				
Section 2: Volunteer Options  Please put a check by the positions you are interested in.				
	Activity Staff  Please check all activities you are interested in:  Arts and Crafts Biking  Adventure: rock wall, zipline Cooking  Archery Fishing  Boating Swimming			
	Toddler Babysitting			
	Evening Entertainment and Snacks			
	Medical Staff			
Area of Specialty:				
Years of Experience: Title:				
*Must attach a copy of front and back				
iviust attach a copy of front and back				

## **Section 3: Volunteer Experience**

## New Volunteers Only; Returning Volunteers proceed to Section 4

Describe your past experiences working with children/teens:				
2. Have you had any camp related experiences? Yes □ No □ Yes □ No □ If yes, please explain:				
3. How do you see yourself fulfilling the special needs of a child who is a transplant recipien				
4. How do you see yourself contributing to Second Chance Family Camp as a whole (i.e. wha talents, hobbies, experiences would you bring to Camp)?				
Would you be willing to participate in a phone interview? Yes $\square$ No $\square$				

### **Section 4: Volunteer Health Form**

Name:			
Blood Pressure:			
Allergies (food and/or drug):			
Are you a:			
☐ Transplant Recipient			
Organ:			
Date of Transplant:			
☐ Living Donor			
Organ Donated:			
Date of Surgery:			
Have you been diagnosed with any ty	ype of disease (	(life threatening or minor)?	
If so, please list in detail:			
Medications: Please list ALL medications you are u medication. You will be responsible f	_	e. Be sure to specify dosage and frequent taking your own medications.	ency of each
Please list any physical limitations or	restrictions wh	nich we should know about.	
If female, are you pregnant? Yes  If yes, please give your anticipated de		=	
Immunizations:			
Tetanus within the past 10 years	Yes □	No □	
Hepatitis B	Yes □	No □	
General Health:			
Do you suffer from: (check all that ap	ply)		
☐ Frequent headaches/migraines		☐ Asthma	
☐ Insulin controlled diabetes		☐ Depression	
☐ Serious allergies requiring medical	intervention	•	
☐ Heart murmur and/or mitral valve			
☐ Other chronic condition(s) Please e	•		
• •			
In the past 2 years, have you had:  ☐ Surgery			

☐ Major surgery requiring hospitalization
f yes to either, please explain:
n the past 6 months, have you been outside the continental U.S.?
res □ No □
f yes, please give dates and locations:
<del></del>
While a physical examination is not required, it is anticipated that ALL volunteers are in good health or under the care of a physician. We do need to have the name of your physician on file, to contact in case of an emergency.
Physician's Name:
Address:
Phone Number:

#### **Weekend Volunteer Immunization History**

Please complete this form to show immunity to Varicella (chicken pox) and negative Tuberculosis (TB) test. If available, provide copies of immunization forms from health-care providers, universities or state or local government. All volunteers who have not had Varicella (chicken pox) must have immunization or proof of a titer for vaccination. Tuberculosis results must have been completed in the past year.

\*If you volunteered with **Camp Braveheart** or **Camp Independence** this year, you do not need to turn in your paperwork again. Just make a note on this form which camp you volunteered with.

Volunteer's name:						
Date of birth:						
Have you had Varicella(chicken   Approximate Date:	·					
If you answered <b>NO</b> , provide im	munization ir	nformation	below.			
Immunization	Dose 1 Month / Year	Dose 2 Month / Year	Dose 3 Month / Year	Dose 4 Month / Year	Dose 5 Month / Year	Most Recent Dose Month / Year
Varicella (chicken pox) Or Titer						
Attach results for current TB tes	<del>t</del>					
Tuberculosis (TB) test	Date:		Circle your result: Positive		Negative	
If you are unable to be fully immunized for medical or other reasons, contact your camp director. Please sign the following statement. I understand and accept the risks to myself from not being fully immunized.						
Signature						
Date						

#### **Children's Healthcare of Atlanta Consent Form**

The following consent agreement must be signed by the adult volunteer in order to attend Second Chance Family Camp.

<ol> <li>In the event that I,, participate at Children's Healthcare of Atlanta's Second Chance Family Camp during the 2013 session, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may incur, or which may hereafter accrue to me, as a result of my participation in the Camp's activities. This release is intended to discharge in advance Second Chance Family Camp and Children's Healthcare of Atlanta and all of their agents, representatives, volunteers and employees from any and all liability, claims, costs, expenses and/or damages (collectively referred to as "liability") arising out of or connected in any way with my participation in the activities of the Camp, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. Some of the camp activities may be provided by entities other than Children's. Children's does not endorse the entity provided such activities nor does it warrant in any way the activities provided by another entity.</li> <li>I further understand that serious accidents occasionally occur during camp activities, and that participants in camp activities occasionally sustain mortal or serious personal injuries and/or property damage as a consequence thereof. Knowing the risks of Camp activities, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to myself (or to my heirs or assigns) for damages.</li> <li>Second Chance Family Camp and Children's Healthcare of Atlanta accepts no responsibility for the loss, damage or theft of your property.</li> </ol>
camp activities occasionally sustain mortal or serious personal injuries and/or property damage as a consequence thereof. Knowing the risks of Camp activities, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to myself (or to my heirs or assigns) for damages.  2. Second Chance Family Camp and Children's Healthcare of Atlanta accepts no responsibility for the loss,
3. Should your emergency contact, during the camp session, leave their place of residence; you will advise the camp administration where they can be contacted in the event of an emergency.
4. In case of medical and/or surgical emergency, you authorize Second Chance Family Camp and Children's Healthcare of Atlanta medical staff to render to you or to arrange for you to receive any X-rays, anesthetic, medical, dental, surgical diagnosis, treatment, and hospital care which is deemed advisable and for it to be rendered under, the supervision of any physician, dentist or surgeon licensed to practice in the State of Georgia.
5. Second Chance Family Camp, Children's Healthcare of Atlanta and its representatives have absolute permission to use your image in a photograph that pertains to the lawful programs and activities of the Camp.
All information is correct so far as I know. I have permission to engage in all prescribed camp activities, except as noted by me and the examining physician.
Signature:
Date:

#### **CONSENT FORM AND WAIVER**

# AUTHORIZATION FOR RELEASE OF INFORMATION AND/OR PUBLIC USE OF IMAGE (PHOTOGRAPH OR VIDEOTAPE) FOR MEDIA AND PUBLIC RELATIONS PURPOSES

I hereby give consent to Children's Healthcare of Atlanta Inc. (hereinafter "Children's") to take and use images (photographs or videotape) or sounds recordings of me and to disclose information about me to or in any public media, including radio, television, internet or print, or in a Children's publication. I understand that the intended use of such images and information is for advertising, marketing, fundraising or promotional purposes of Children's. I hereby waive the right to or interest in the images or the confidentiality of the information disclosed to the public, as contemplated in this release.

I acknowledge that this consent to use images and authorization for release of information is being made solely for the benefit of Children's and without any expectation of compensation or other benefit to me. To the extent that any benefit accrues or might accrue to Children's from the use of images or disclosure of information, I hereby and forever waive any interest in or claim to such benefits.

I hereby release and forever discharge Children's (including without limitation all corporate affiliates and officers, directors, trustees, employees, medical staff members and agents) from any and all claims, liability, actions, suits, demands, costs, expenses or indebtedness arising out of, related to, or in any way connected with the use of images or disclosure of the information and materials described herein, and I hereby waive all rights and interest in and to such information and materials.

have been informed that this authorization is voluntary and is subject to revocation at any time except to the extent that action has been taken in reliance thereon, by notifying Children's in writing at: Marketing and Public Relations Department, 1699 Tullie Circle NE, Atlanta, Georgia 30329.

Name (please print)	
Signature	Date