



Camp Braveheart Volunteer Application Form

Camp Braveheart volunteer application forms must be returned by **April 15, 2009**.

Return application forms to:

Children's Healthcare of Atlanta, Attn: Shannon Chapman, Transplant Adm.
1405 Clifton Road NE, Atlanta, GA 30322

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Date of Birth: _____ Circle One: Male Female

Occupation: _____

Employer: _____

Phone: _____

Supervisor: _____

T-shirt size: _____

In Case of Emergency

Contact: _____

Relation to Applicant: _____

Home Phone: _____ Work: _____

Cell: _____

Have you ever been convicted of a felony? _____

If yes, please explain: _____

Please enclose a copy of your driver's license.

Consent to personal records form must be notarized. Forms can be notarized at a bank, post office and many grocery store customer service counters.



Camp Dates: Sunday, June 7 to Friday, June 12, 2009

- Volunteers are required to arrive on the afternoon of Saturday, June 6.

What days are you available to volunteer at camp?

Volunteer Options

Please put a check by the positions you are most interested in.

- Cabin Counselor—Must attend the entire week of camp.**
Please number your age preference: 1st, 2nd and 3rd

___ 7 to 9 Boys ___ 7 to 9 Girls
___ 10 to 13 Boys ___ 10 to 13 Girls
___ 14 to 18 Boys ___ 14 to 18 Girls

- Activity Staff—May volunteer for the week or just a few days.**
Please number activity preference: 1st through 5th choice

___ Horseback riding ___ Lifeguard (must be certified)
___ Wood work ___ Afternoon camp activities assistant
___ Sports and games ___ Evening activities assistant
___ Cooking ___ Arts and crafts

- Nursing Staff—May attend camp for the week or a minimum of 3 days**

___ Full time nurse: distribute meds at meal times and triage campers in med lodge
___ Part time nurse: give medications as well as serve as a cabin counselor

Area of Specialty: _____

Years of Experience: _____ **Title:** _____

Employer: _____

License #: _____

Must attach a copy of front and back

All Volunteers:

Please list any certifications with expiration dates such as Basic Life Support, CPR, First Aid, Lifesaving, WSI, Specialized Activities, etc.

Photocopy both sides of ALL certifications and attach to application.

Volunteer Experience

1. Describe your past experiences working with children:

2. Have you had any camp or related experiences?

Yes No

If yes, explain: _____

3. How do you see yourself fulfilling the special needs of a child who is affected by a heart disease or a heart transplant recipient?

Please give 3 personal references (other than relatives) that have knowledge of your character, experience and ability.

1. Name: _____

Address: _____

Home Phone: _____ Work: _____

2. Name: _____

Address: _____

Home Phone: _____ Work: _____

3. Name: _____

Address: _____

Home Phone: _____ Work: _____

Would you be willing to participate in a phone or in-person interview? Yes or No

Volunteer Health Form

Name: _____

Blood Pressure: _____

Allergies (food and/or drug): _____

Have you been diagnosed with any type of disease (life threatening or minor)?

If so, list in detail: _____

Have you ever been hospitalized for an injury, disease or surgery (life threatening or minor)?

If so, please explain in detail: _____

Medications:

List ALL medications you are using at this time. Specify dosage and frequency of each medication. You will be responsible for bringing and taking your own medications at camp.

Please list any physical limitations or restrictions we should know about.

If female, are you pregnant? Yes No

If yes, please give your anticipated delivery date: _____

Immunizations:

Tetanus within the past 10 years Yes No

TB skin test within the past 2 years Yes No

Chicken Pox Yes No

Hepatitis B Yes No

General Health:

Do you suffer from: (check all that apply)

Frequent headaches/migraines Asthma

Insulin controlled diabetes Depression

Serious allergies requiring medical intervention

Heart murmur and/or mitral valve prolapse

Other chronic condition(s) Explain: _____

Children need Children's

Volunteer Health Form

In the past 6 months, have you been outside the continental U.S.?

Yes No

If yes, please give dates and locations:

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: _____