



THE OFFICIAL SPONSOR  
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## Camp Hope June 17-23, 2012

### Returning Volunteer Important Information

**\*\*\*NEW INFORMATION THIS YEAR\*\*\***

- ✓ Complete the application form in its entirety. The application must be mailed and postmarked by March 1, 2012. Applications postmarked after March 1, will be placed on a waiting list.
- ✓ Camp orientation for returning volunteers will take place on Saturday, June 16, 2012 at 5:00 pm.
- ✓ LUGGAGE LIMIT – Due to space issues in cabins, there is a ONE large suitcase limit for everyone attending camp. (no larger than 29”)
- ✓ It is mandatory that you attend the camp orientation. It is also required that all volunteers attend camp for the entire week with the exception of medical staff who are required to attend at least 3 days. If you are medial staff and are volunteering the later part of the week, arrangements for volunteer orientation may be made with advance notice.
- ✓ Prior to submitting your application, please ensure your employer will allow you the time off to volunteer for camp. (It will cost the American Cancer Society approximately \$50.00 to process your application for camp. This includes the cost of the background check, T-shirt, volunteer manual, nametags, etc., so please make certain that you will be available to attend.)
- ✓ The Volunteer Medical Clearance Form, included in the application, must be completed and signed by a physician every year. A physical exam is only required every two years. The form must be turned in by the due date in order to meet accreditation guidelines.
- ✓ New Volunteer Background Check Form this year.
- ✓ Facilities Volunteer job description added. (last page)
- ✓ Medical volunteers are required to include with their application a copy of their license and certifications.
- ✓ For questions, please call the American Cancer Society at 800/359-1025 or email [lori.clark@cancer.org](mailto:lori.clark@cancer.org).

Please return all forms to:  
American Cancer Society  
High Plains Division, Inc.  
1315 SW Arrowhead Road  
Topeka, KS 66604



Name \_\_\_\_\_

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**Emergency Contact Information:**

Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Medical Training – List institutions, medical degrees, certifications, years received:  
(CPR Certification must be current at the time of camp.)

\_\_\_\_\_  
\_\_\_\_\_

**Medical Volunteers ONLY**

- Are you certified to administer chemotherapy?  Yes  No (*Please provide documentation.*)
- How many years of experience do you have accessing central lines (i.e. ports, Hickmans)? \_\_\_\_\_
- What is your sterile glove size? \_\_\_\_\_

**The American Cancer Society will provide medical liability coverage for all medical volunteers.**

**All medical volunteers are required to attend at least 3 days of camp. If you are unable to attend all week, please indicate the date and time in which you will arrive and depart.**

I will arrive at camp on: \_\_\_\_\_ at approximately: \_\_\_\_\_ a.m. or p.m.

I will depart camp on: \_\_\_\_\_ at approximately: \_\_\_\_\_ a.m. or p.m.

**★ Requirement:** Please include a copy of your license and certifications with your application.

# Volunteer Employment Contract Camp Agreement

## Volunteer / Camp Agreement Between:

American Cancer Society's, Camp Hope and \_\_\_\_\_  
Volunteer name - please print

The signing of this Agreement by the Volunteer Camp Director and the above named Volunteer binds them to the following terms:

1. The Volunteer agrees to serve the Camp to the best of his/her ability in the capacity of Volunteer Counselor.
2. The dates of agreed volunteer service are from June 16 through June 23, 2012.
3. There is no salary or benefits; the Camp agrees to provide meals and room.
4. The Volunteer agrees to abide by the Personnel Policies and Practices of the American Cancer Society Camp Hope, and to the following special conditions:

**Smoking, alcohol consumption and the use of illegal drugs are all prohibited during camp.**

This agreement shall be deemed to have been executed in the State of Kansas, in which the Camp is located.

ACCEPTED according to the above terms and conditions:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

American Cancer Society Staff

# Camp Hope

## Volunteer Medical Clearance Form

### FORM IS DUE BY MAY 15, 2012

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\*\*\*This form may be faxed to 785-273-1503\*\*\*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

**Medical History (check all that apply):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Heart Problems      | <input type="checkbox"/> Stroke             |
| <input type="checkbox"/> Allergies (Seasonal) | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Tuberculosis       |
| <input type="checkbox"/> Anemia               | <input type="checkbox"/> Liver Disease       | <input type="checkbox"/> Kidney Problems    |
| <input type="checkbox"/> Cancer               | <input type="checkbox"/> Rheumatoid Diseases | <input type="checkbox"/> Anxiety/Depression |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Seizures            | <input type="checkbox"/> Fatigue            |
| <input type="checkbox"/> Heart Attack         |  | <input type="checkbox"/> Other _____        |

**Medications - ALL medications you will be bringing to camp need to be listed. Attach a separate sheet if necessary. \***

Drug	Dose	Time	Days of Week

**Allergies:**

- |               |                              |                             |
|---------------|------------------------------|-----------------------------|
| Hay Fever     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Insect Stings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ivy Poisoning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medications   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- to: \_\_\_\_\_

Medication Allergy	Type of Allergic Reaction

Any other information (i.e. restrictions, special diet): \_\_\_\_\_

**Immunization History: (State requirement for licensed camp. All immunizations must be kept up to date.) Check yes if up-to-date.**

- |                               |                              |                             |   |   |
|-------------------------------|------------------------------|-----------------------------|---|---|
| DT or DPT Series              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Last Tetanus Booster (must be within last 10 years) | ____/____/____  |
| Polio Booster                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Last Tuberculin Test (must be within last year)     | ____/____/____  |
| MMR (Measles, Mumps, Rubella) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Had disease                | Varicella <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Had disease |

\*\*Notify staff **PRIOR TO CAMP** if you have received any other vaccines recently (i.e., yellow fever)\*\*

**Highly Recommended Vaccinations (not required at this time) :** Tdap  Yes  No Menactra  Yes  No Hepatitis A  Yes  No

Do you have any recent/current infectious/communicable disease expose? Explain: \_\_\_\_\_

**To be completed YEARLY by physician/primary care provider.**

Camp Hope is a camp for children with cancer. The volunteer's duties will include direct supervision of children in a camp setting. Specific volunteer duties may include cooking, lifting, driving vehicles (i.e., golf carts) and other physical activities. While the camp facilities are air conditioned, the volunteer will also likely be outside in the heat.

- I certify that the above volunteer has had a complete physical exam within the **past 2 years** and I agree that the above information is correct. This volunteer is able to participate fully in Camp with the following restrictions:

\_\_\_\_\_

- This volunteer should **NOT** be allowed to participate in Camp Hope for the following reason(s):

\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**APPLICANT INFORMATION** (Please Print)

American Cancer Society-High Plains Division

**Account Number: 101-201130**

Applicant Name: (First Middle Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: State: Zip:
Gender: * <input type="checkbox"/> Male <input type="checkbox"/> Female	Former Address: (1)
Social Security No.*	City: State: Zip:
Driver's License No.: State:	Former Address: (2)
Date of Birth: * Place of Birth: (City, State, Country)	City: State: Zip:

\* This information will be used for purposes of background screening only.

**DISCLOSURE AND AUTHORIZATION**

NOTICE REGARDING BACKGROUND INVESTIGATION

The American Cancer Society ("the Company") may obtain information about you from a consumer reporting agency for volunteer purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your motor vehicle record (or "driving record"), professional licensing and any criminal record information pertaining to you which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other State. These reports may be obtained at any time after receipt of your authorization and throughout your tenure as a volunteer. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The scope of this notice and authorization is all-encompassing, allowing the American Cancer Society to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your volunteer tenure to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and throughout my tenure as a volunteer. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [the consumer reporting agency], another outside organization acting on behalf of the American Cancer Society and/or The Society itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and 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.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

**APPLICANT:**

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name: \_\_\_\_\_



## **Job Description**

### **Activities Volunteer**

#### **Desired Qualifications:**

1. Ability to direct group and/or individual activities.
2. Serve as a positive role model in interacting with others.
3. At least 19 years of age.

#### **Responsible To:**

Activity Director

#### **General Responsibility:**

Ensure that the campers' needs are met and participate in camp programs.

#### **Specific Responsibilities:**

1. Initiate and participate in assigned activities during the camp.
2. Coordinate with Activities Director, Camp Director, and house parents for any possible changes in procedure or schedule.
3. *Always* work with or inform house parents regarding discipline or any other decisions concerning the campers.
4. Attend orientation sessions and be familiar with Camp Hope policies and procedures.
5. Have all campers assist with the clean up of arts/crafts supplies and other equipment used for activities (balls, clubs, etc.)
6. If a houseparent leaves a child in your care, the child is to remain in your care until you are notified otherwise by the child's houseparent.
7. Assist campers in learning new skills, developing new hobbies, and experiencing the adventure of camp in a safe environment.
8. Work with medical staff to safeguard the campers under your care.
9. Assist campers in respecting others, working together, and developing a sense of group identity.
10. Learn indirectly from campers what it is like to live with, through, and beyond cancer.
11. Report all accidents and illnesses of campers to the medical staff assigned to your activity.
12. Know the Camp Hope rules and procedures thoroughly and follow them.
13. Be enthusiastic at all times and be ready to enjoy your day—and to help the campers to enjoy theirs.
14. Discuss any problems with the Activity Director.
15. Keep your groups at a maximum of 5 campers to 1 volunteer ratio. This means if you intend to take a group of campers anywhere, make sure you have adequate supervision.
16. Remember that activities are for the campers. Volunteers are there to assist and teach the activities.
17. Each person chosen as an activity volunteer will be asked to lead or assist an activity.
18. All safety regulations will be established by the volunteer in cooperation with the Camp Director and Activity Director. As appropriate, all hazards will be identified and managed by the Activity Director. The medical staff will review all health considerations relating to the activity.
19. Actively participate in camp activities and participate in all activities with your assigned campers.

## **Job Description**

### **Camp Physicians**

#### **Desired Qualifications:**

1. Licensed in Kansas as a physician.
2. Current CPR certification.
3. Experience with children and young adults.
4. Ability to originate, update, and monitor healthcare; maintain records; and implement the health care plan.

#### **Responsible to:**

Medical Director

#### **General Responsibilities:**

1. Active member of medical staff.
2. Implement medical protocols
3. Work with medical director to supervise health care plan as prescribed by camper's personal physician.

#### **Specific Responsibilities**

1. Be aware of any known medical problems the campers might have and be prepared to deal with medical problems.
2. Know his/her limitations and be ready to request help, in any form, when necessary.
3. At least one member of the medical staff must accompany all group activities at all times and be equipped with a first-aid backpack and walkie-talkie.
4. Will *not* be responsible for giving chemotherapy but may be asked to give other medications as directed by the Medical Director.
5. Participate in all activities.
6. Notify house parents and activities volunteers of any medical problems, as information is available.
7. Follow Camp Hope medical protocols.
8. Attend orientation sessions and be familiar with Camp Hope policies and procedures.
9. Actively participate in camp activities and participate in all activities with your assigned campers.

## **Job Description**

### **Camp Nurses:**

#### **Desired Qualifications:**

1. Licensed in Kansas either as a Registered Nurse or a Licensed Practical Nurse.
2. Current CPR certification.
3. Experience with children and young adults is desirable.
4. Ability to originate, update, and monitor healthcare; maintain records; and implement the health care plan.

#### **Responsible to:**

Head Nurse

#### **General Responsibility:**

Maintain the individual healthcare regimens as previously prescribed by camper's personal physician.

#### **Specific Responsibilities:**

1. Be aware of any known medical problems the campers might have and be prepared to deal with medical problems.
2. Know his/her limitations and be ready to request help, in any form, when necessary.
3. At least one member of the medical staff must accompany all group activities at all times and be equipped with a first-aid backpack and walkie-talkie.
4. Will *not* be responsible for giving chemotherapy but may be asked to give other medications as directed by the Medical Director.
5. Participate in all activities.
6. Notify house parents and activities volunteers of any medical problems, as information is available.
7. Follow Camp Hope medical protocols.
8. Attend orientation sessions and be familiar with Camp Hope policies and procedures.
9. Actively participate in camp activities and participate in all activities with your assigned campers.

## **Job Description**

### **Houseparent**

#### **Desired Qualifications:**

1. Understand the developmental needs of children.
2. Serve as a positive role model in interacting with others.
3. At least 21 years of age.

#### **Responsible To:**

Houseparent Director

#### **General Responsibility:**

Assume the parental role for campers attending Camp Hope.

#### **Specific Responsibilities:**

1. Protect the physical, emotional and social needs of assigned campers.
2. Work with at least one other houseparents in a cabin group.
3. Learn the names of each camper in the cabin group and activities.
4. Attend orientation sessions and be familiar with Camp Hope policies and procedures.
5. Supervise the daily care of campers.
6. Carry out established roles in enforcing camp safety regulations.
7. Instruct campers in emergency procedures.
8. Stay with your group at all times. If some of your campers are to be away from your group, know where they are and under whose supervision *at all times*.
9. Return to the cabin after the evening has ended and stay with the campers.
10. Houseparents use their own judgment in reporting behavior issues to the Camp Director.
11. Be enthusiastic at all times.
12. Work with medical staff to safeguard the campers under your care.
13. Meet with parent/guardians at arrival/departure of campers and maintain communication with the parent/guardian during the week as necessary.
14. Take responsibility for your campers' personal cleanliness and appearance, especially daily showers and clean up before meals. Most campers need to be reminded to brush their teeth, shampoo their hair, and change their clothes. Please make sure that campers shower and brush their teeth every day. Keep sleeping quarters clean. Instruct your campers to properly care for their belongings; to keep floors, bunks, etc., neat; and to empty the trash on a daily basis.
15. Be courteous to your fellow volunteers. Rotate duties (putting kids to sleep, waking them up, taking them to showers, supervising campers, playing with them, etc.).
16. Remember campers' parents. Set up a time when you and your campers write a letter home.
17. Actively participate in camp activities and participate in all activities with your assigned campers.

## **Job Description**

### **Kitchen Volunteers**

#### **Desired Qualifications:**

1. Desire to work in the food service area.
2. Ability to read menus, weights, and measures.
3. Ability to work well with others.
4. Ability to accept supervision.
5. Physical ability to meet assigned task.
6. Knowledge and experience with kitchen equipment.
7. Ability to assess condition of food.
8. At least 19 years of age

#### **Responsible to**

Kitchen Director

#### **General Responsibilities:**

Assist in the preparation of the camp food service.

#### **Specific Responsibilities:**

1. Assist workers in preparing foods by performing any combination of the following tasks:
  - ▶ prepare vegetables;
  - ▶ prepare poultry and meats;
  - ▶ prepare breads;
  - ▶ stir and strain soups and vegetables;
  - ▶ weigh and measure foods;
  - ▶ carry cooking equipment, including pots and pans;
  - ▶ store foods;
  - ▶ clean utensils and areas; and
  - ▶ distribute food and supplies.
2. Assist in any area of kitchen or dining hall, as requested by kitchen Director.
3. Help unload and store supplies
4. Help move supplies around kitchen.
5. Report to kitchen at 6:45 a.m., ready for a long, tiring, but rewarding day!
6. Carry out assignments as made by the head cook.
7. The *first* obligation is to do your assigned duties in the kitchen. Your time spent with the campers is important but your obligation in the kitchen must be met first.
8. The kitchen should be a pleasant, happy place. Each person must be served with a loving and caring attitude. Mealtime should be a happy time!
9. Kitchen volunteers are encouraged to participate in activities after all kitchen duties are completed.
10. Implement or follow policies and procedures.
11. Use kitchen equipment safely.
12. Operate electrical and mechanical equipment.
13. Maintain appropriate inventory of food and supplies.
14. Operate dishwasher while maintaining appropriate temperature.
15. Determine cleanliness of dishes, food contact surfaces, and kitchen area.
16. Attend orientation sessions and be familiar with Camp Hope policies and procedures.

## **Job Description**

### **Facilities Volunteer**

#### **Desired Qualifications:**

1. Ability to work well with others.
2. Serve as a positive role model in interacting with others.
3. Ability to lift and move large items.
4. At least 19 years of age.

#### **Responsible To:**

Facilities Director

#### **General Responsibility:**

Assist in preparation and tear down of daily camp activities.

#### **Specific Responsibilities:**

1. Participate in assigned activities during the camp.
2. Coordinate with Activities Director, Camp Director, and house parents for any possible changes in procedure or schedule.
3. Attend orientation sessions and all other required volunteer sessions while attending camp.
4. Learn indirectly from campers what it is like to live with, through, and beyond cancer.
5. Know and follow the Camp Hope policies and procedures.
6. Be enthusiastic at all times and be ready to enjoy your day—and to help the campers to enjoy theirs.
7. Discuss any problems with the Facilities Director.
8. Perform all other duties as assigned.