



Camp Ukandu

2009 CAMP UKANDU VOLUNTEER STAFF APPLICATION PACKET

Thank you for your interest in volunteering at Camp Ukandu. Camp is a one-of-a-kind experience and we are looking for some uniquely qualified candidates to help create another memorable year at Camp Ukandu!

This application packet is to be used for applying to serve as volunteer staff for Camp Ukandu, a program of the Great West Division of the American Cancer Society.

Please note that there is a front and back side to each page of the application. Please return your completed application by February 17th to:

American Cancer Society
Attention: Emily Satterlee
Camp Ukandu
0330 SW Curry Street
Portland, OR 97239

PLEASE NOTE CHANGE OF DATES FOR CAMP UKANDU!

Volunteer Staff Training – MANDATORY FOR ALL STAFF

- Saturday, June 20, 2009 – Training will begin at 8:30am at YMCA Camp Collins.
- Sunday, June 21, 2009 – Training will continue and campers will begin arriving at 1pm.

A more detailed schedule of training will follow.

**(Additional online training will occur before you arrive at camp. More information will be coming soon!
For those of you who are not online, packets will be mailed out.)**

Camp Dates:

- **Sunday, June 21, 2009 – Saturday, June 27, 2009 (concluding at Noon)**

Contact Information:

Emily "Sprite" Satterlee, Camp Director
American Cancer Society, Great West Division
0330 SW Curry Street Portland, Oregon 97239
Phone: 503-795-3914 Fax: 503-228-1062
emily.satterlee@cancer.org



2009 New Volunteer Staff Application Camp Ukandu

Application Deadline: February 17, 2009

**Each summer, 80-85 volunteers will be selected as counselors, program staff, and medical staff.
Note: Some recreational staffing is provided by the camp facility.**

Please print.

Name: _____ Social Security Number: _____

Permanent address: _____
Street City/State/Zip

Home Phone: _____ Work/School Phone: _____

Cell Phone: _____ Fax #: _____

School Address (as applicable): _____

E-mail Address: _____

Personal Social Network Site Address: _____
(Social networking sites such as MySpace; FaceBook, Xanga, etc.) We will be doing individual random checks as part of our qualifying process.)

Date of Birth: ___/___/___ Age: _____ Gender: Male Female

Years of experience at other ACS Camps: _____ Years of experience at other camps: _____

If you have had other camp experience, please list which camp(s): _____

Are you a cancer survivor (optional)? Yes No If yes, date of diagnosis _____

Ethnicity (optional)? Caucasian Hispanic African American Native American Asian
 Other _____

T-shirt Size: S M L XL XXL XXXL

VOLUNTEER AREAS

Applicant Name: _____

I am interested in volunteering as a part of the:

- Counseling Staff:** Responsible for a cabin group of approximately 8-12 campers along with two to three co-counselors.

Note: Men reside in the boy cabins and women reside in the girl cabins, as counselors.

Please list preferred age group to work with in the order of where you would most like to be placed. If you have an interest in working with special needs campers or as a "rover" (helping out in multiple cabins throughout the week,) please list this, as well.

These are the age options: 8-9; 10-11; 12-13; 14-15; 16-18

1. _____ 2. _____ 3. _____

- Program Staff:** Prepares and leads program activities for camp in the areas of games, science, arts and crafts, weaving, pottery, music, swimming, galley crew, newspaper and photography.

Please list preferred program area in the order of where you would most like to be placed.

1. _____ 2. _____ 3. _____

- Medical Staff:** Provides medical care for campers and staff both routine and specific.

Please list what medical staff position would be applicable to you.

Please note that Pediatric Oncology RN's and Physicians will be staffed in these positions.

Rainbow Connection staff (psychosocial/emotional needs volunteer) will be licensed professionals, Masters prepared in Social Work, Counseling or other equivalent education.

******Please note that we will do our best to place you where you are most interested in volunteering. There is, however, no guarantee of where you will serve if selected to be a member of the 2009 Camp Ukandu staff team.******

PROGRAM SKILLS SHEET

Applicant Name: _____

Mark the following:

- Put a “T” before the activities you can organize and teach as an expert.
- Put an “A” for those activities in which you can assist.

Arts/Crafts

- ___ Ceramics/Pottery
- ___ Drawing/Painting
- ___ Weaving
- ___ Photography
- ___ Scrap Booking/Card Making

Music

- ___ Singing
- ___ Instrumental

Sports/Fitness

- ___ Field Games
- ___ Swimming
- ___ Pilates

Drama

- ___ Theater
- ___ Storytelling

Outdoors

- ___ Hiking
- ___ Science

Other

- ___ Newspaper
- ___ Barista
- ___ Please check if you speak Spanish fluently

Other interests or skills

QUESTIONNAIRE

Applicant Name: _____

1.) How did you hear about the American Cancer Society's Camp Ukandu?

2.) Why would you like to be a volunteer for Camp Ukandu?

3.) Why are you best suited in the area you requested to volunteer?

4.) What experience do you have working with children, if any?

5.) Describe your experiences with being a staff member at a summer camp, if any.

6.) Describe your experience with pediatric cancer patients, if any.

7.) Describe any experience or special talents you may have that you would like to share with the campers (for example: hair braiding, face painting, juggling, etc.)

VOLUNTEER HEALTH INFORMATION

Applicant Name: _____

Emergency Contact Name: _____

Emergency Contact Address: _____

Emergency Contact Relationship: _____

Emergency Contact Home Phone: _____ Emergency Contact Work Phone: _____

Health History:

Have you had:

Mumps? YES NO Diabetes? YES NO

Measles? YES NO Heart Problems? YES NO

Asthma? YES NO Seizures? YES NO

Immunizations History:

Verify the following immunizations are up to date by checking the box

DPT Series

Polio Booster

MMR (Measles, Mumps, Rubella)

Last Tetanus Booster (**DATE REQUIRED**) _____

(If it has been over 10 years since your last tetanus booster, it is strongly suggested you have one before coming to camp.)

Allergies:

Do you have (allergies to):

Hay Fever? YES NO

Insect Stings? YES NO

Medications? YES NO (Please specify & provide effects): _____

List any other allergies you have than have not been mentioned: _____

Medications:

Please bring all medications in original containers. You will turn in your medication to the nursing staff during training at YMCA Camp Collins. . ****Please do not bring Over the Counter medications to camp – they will be provided for you at the Health House if you should need anything throughout the week.****

Restrictions:

Are there any activities from which you should be exempted for health reasons?

Do you have any restrictions related to: Diet? Swimming? Activity level? If so, please list them along with any other restrictions you may have: _____

Please provide a record of past medical treatment, if any:

Please describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp.

EMPLOYMENT INFORMATION

Applicant Name: _____

Current Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Position/Title: _____

Supervisor's Name: _____ Phone: _____

Previous Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Position/Title: _____

Supervisor's Name: _____ Phone: _____

Do you have a valid driver's license? Yes No State & Number: _____

Education:

Current highest level of education attained: (circle)

High school: 9 10 11 12 Name of School: _____

College: 1 2 3 4 Name of School: _____

Graduate school – Status or Degree Earned: _____

Medical training – List institutions, medical degrees, certifications, etc.: _____

Year degree received: _____

Please list volunteer experience:

Agency

Position

Supervisor

Phone

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

Applicant Name: _____

List three references (not relatives, significant others, other Camp Ukandu volunteers, or room/house mates) who can be contacted to provide information regarding your character, experience and ability.

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Contacted by:

Date Contacted:

For Office Use Only

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Contacted by:

Date Contacted:

For Office Use Only

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Contacted by:

Date Contacted:

For Office Use Only



Volunteer Applicant Disclosure & Consent for Release of Information

GWD Camp Name: Camp Ukandu Account: 101-101-559 Billing Code: CU

Applicant Information (Please print NEATLY and complete thoroughly to avoid result delays)

First Name: _____ Middle: _____ Last: _____

Other Name(s) Used (like Maiden): _____ Other Name(s) Used: _____

*Social Security No: _____ -- _____ -- _____ *Date of Birth (MM/DD/YYYY): _____ / _____ / _____

*Gender: Male Female Driver's License #: _____ State issued: _____

Current Street Address, City, State, Zip: _____

Former Addresses (1) City, State, Zip: _____ (2) City, State, Zip: _____

** This information will be used for the purposes of background screening only and will not be used in making any volunteer decisions.*

1. Have you ever, under your name or another name, been convicted of or pleaded guilty or no contest to a criminal offense, felony or misdemeanor (including child abuse, neglect or any sexual offense) or participated in a pre-trial deferral or diversion program? Yes No

2. Have you ever, under your name or another name, been convicted of a crime which resulted in your being in prison and released from prison or paroled? Yes No

3. Are you presently out on bail or pending trial for the alleged commission of any crime? Yes No

4. Are there any other facts or circumstances involving your background or the background of others in your household that would call into question your being trusted with the supervision, guidance and care of children/teenagers? Yes No

5. If you answered "Yes" to any of the above, please explain. Indicate date(s) of conviction and the type(s) of offense(s); include those matters for which you have pleaded guilty, no contest, or participated in a pre-trial diversion program (attach additional sheets of paper as necessary): _____

Falsification, misrepresentation and/or omission of criminal conviction are grounds for refusal to accept your volunteer application or to terminate volunteer status. NOTE: A conviction does not automatically disqualify a volunteer applicant. The date, nature and seriousness of the offense will be considered.

NOTICE REGARDING BACKGROUND INVESTIGATION: Please read this disclosure and consent form carefully before signing acknowledgment. Volunteer status is contingent on the results of the background check.

In order to maintain the trust of our donors and demonstrate the integrity of our volunteers and professionals, it is the policy of the American Cancer Society (ACS) to perform volunteer background investigations. In performing these background investigations, we may also request a "consumer report" which may include information about your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living. The investigation may also include motor vehicle record driving checks, credit bureau files, employment references, professional/personal references, any educational and licensing institution or military branch and receipt of any criminal record information (including sexual offenders) pertaining to you which may be in the files of any Federal, State or Local Criminal Justice Agency. These reports may be obtained at any time after receipt of your authorization and, if you become an ACS volunteer, throughout your volunteer career. ACS complies with the Fair Credit Reporting Act (and applicable state law) which provides prospective or current volunteers with rights regarding consumer reports. According to the Fair Credit Reporting Act, if ACS makes any adverse decision with regard to your volunteer status, you will be entitled to receive, upon request and within 60 days, a copy of the background check prepared by InfoMart, 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774. You have the right to dispute the accuracy of the information on the background check with InfoMart. Your signature on this document, the ACS volunteer application, and any other volunteer forms indicates your understanding that ACS may initiate the discussed background investigation. Your signature authorizes ACS to obtain a consumer report for volunteer purposes, including for purposes of making any future decisions concerning your volunteering, promotion or retention as a volunteer. ACS will permit you to revoke (in writing) your permission allowing ACS to obtain this kind of personal information; however, ACS may not consider you for current or future volunteering if not allowed to perform background investigations.

ACKNOWLEDGMENT AND AUTHORIZATION: I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of volunteering is true and complete to the best of my knowledge. I understand that if I become a volunteer, any false or omitted statements will be considered as a cause for possible termination of the volunteer assignment. I acknowledge receipt and certify that I have read and understand or had explained to me the above information and A Summary of Your Rights Under the Fair Credit Reporting Act. I hereby authorize ACS to verify information within an application or resume and to obtain a background check and/or consumer report(s) at any time after receipt of this authorization. I understand that this consent will apply if I am hired or at any time during the course of volunteering and remain in effect until revoked in writing. 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 ACS, and/or ACS itself. This authorization does not include a release of my medical information. I agree that a facsimile (fax), photocopy or scan of this authorization shall be as valid as the original.

Name (Please Print Neatly): _____ Date: _____ / _____ / _____

Signature: _____