

CAMP HIS KIDS Basic Volunteer Information

- Camp HIS KIDS 2021 will be a weekend family summer camp for childhood cancer families. Camp is provided free of charge to our campers and LITs and we rely on donations to make camp happen. The families will be at camp from the evening of Fri, Aug 6 to the afternoon of Sunday, Aug 8, 2021
- For an overnight, weekend volunteer position, you will need to be able to be at camp from 4:30pm, Friday Aug 6- 3pm Sunday Aug 8th
- Camp HIS KIDS volunteers should be ages 18+ as of Aug 7, 2021
- **Volunteer applications are due May 15, 2021** and volunteer confirmations will be sent out after volunteer assignments have been made.
- **Smoking policy:** Camp HIS KIDS is a non-smoking environment. Smoking and other tobacco use by campers, LITs, and volunteers is prohibited
- **Cell phone policy:** Camp HIS KIDS campers, LITs and volunteers, will be asked to turn off their cell phones and other electronic devices (iPods, iPads, etc.) and to not use them while working with any families at camp. (There will be downtime during the day and evening where phones may be used). **If for any reason you need to be contacted for emergency reasons, please give your family/friends the HIS KIDS emergency phone number [\(618\) 654-4020](tel:6186544020).**
- **Fundraising policy:** There is no minimum fundraising requirement for volunteers this year, however, a suggested donation of \$100 per volunteer. This covers your accommodations and meals for the week.
- **Food Policy:** All volunteers will be provided with 3 square meals each day and 2 snacks. There is more than enough food available to you throughout the week provided by HIS KIDS. However, if you would like to bring light snacks with you to camp to eat in the cabin, you may do so. ALL food must be stored in the common rooms and not in the sleeping cabins (this is a Camp Wartburg rule). We do ask that unless you have a medically-documented special diet, that you do not bring your own meals as this complicates things at meal times. The Wartburg kitchen is happy to accommodate allergies, intolerances, etc.
- **Responsibility policy:** Camp HIS KIDS volunteers are responsible for the emotional and physical care of seriously ill children. Because of the extreme level of trust given to each volunteer by HIS KIDS staff, campers, parents, and hospital personnel, behavior outside of camp HIS KIDS that is inappropriate for this trust will be taken into account when assigning volunteer positions. This could include (but is not limited to): inappropriate/irresponsible behavior with children (any person under age 18), illegal activities, and any posting on public social media which portrays the volunteer as irresponsible or inappropriate for this volunteer role.
- Volunteers **must uphold** the HIS KIDS Code of Conduct and comply with HIS KIDS policies including HR policies, Confidentiality, Policy Against Harassment, Volunteer Code of Conduct, HIPAA Privacy Compliance, and HIS KIDS Social media behavior guidelines. (To be signed upon start of camp)

Please remit all forms to HIS KIDS Inc.

FAX: 618-654-4499, EMAIL: jbellamy@hiskidsinc.org, MAIL: PO Box 412, Highland, IL 62249



2021 CAMP HIS KIDS VOLUNTEER APPLICATION

YOU MUST COMPLETE AND RETURN THIS FORM BY MAY 15, 2021. Applications will be accepted after this date, but those completed prior to MAY 15 will be given priority.

In order to provide a safe and secure environment for those children and youth who participate in our programs, this form is to be completed by all applicants involved in the supervision or custody of minors (ages 18 and under). We have profound legal and moral obligations to reduce the possibility of child abuse from ever occurring. Adults who have been convicted of either child sexual or physical abuse should not volunteer service in any HIS KIDS sponsored activity or program for children or youth. The information obtained through this application will remain confidential and only be seen by personnel needing to review this record for the HIS KIDS program or in the case of a legal investigation.

Full Name: _____ Date: _____

Name (as you would like to appear on your nametag): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone#: _____ E-mail Address: _____

☐ Male ☐ Female Birthday: ____/____/____ Age: ____

T-shirt size (Adult sizes): ☐Small ☐Medium ☐Large ☐X-Large ☐2XL ☐3XL ☐4XL

Marital Status: _____ Preferred method of contact: ☐ Phone ☐ Email ☐ No preference

Occupation: _____

Place of Employment/School: _____

PHYSICIAN: _____ PHONE: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

HOME PHONE: _____ WORK: _____ CELL: _____

Can you commit to the entire weekend of Camp scheduled Aug 6-8, 2021? ☐ Yes ☐ No

If no, please explain: _____

Do you have a valid driver's license? ☐ Yes ☐ No DL#: _____ State: _____

Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

Do you use tobacco products? ☐ Yes ☐ No

If yes, are you willing to give this up entirely for one week? ☐ Yes ☐ No

Have you ever been terminated from any employment or service in a volunteer position, or had employment or authorization to hold a volunteer position denied, for reasons relating to allegations of actual or attempted sexual discrimination, harassment, exploitation, or misconduct; physical or sexual abuse of a child; or financial misconduct?

☐ Yes ☐ No If yes, please explain: _____

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Is there any fact or circumstance involving you or your background that would call into question you being entrusted with the responsibilities of the position for which you are applying? ☐ Yes ☐ No

How many years have you volunteered at camp HIS KIDS (does NOT include CIT/LIT years)? _____

Years volunteered: _____ Position(s) held: _____

Have you or one of your siblings ever had cancer? ☐ YES ☐ NO If yes, name: _____

Relationship: _____ Diagnosis: _____ Treatment status: _____

Hospital treated at: _____ Physician: _____

Are you able to completely turn off your mobile phone for the day time activities where you will interact with program participants? ☐ Yes ☐ No

If no, please explain: _____

Are you able and willing to engage in the long hours (12+ hour days) and a physically demanding schedule that is required during your weekend at camp? ☐ Yes ☐ No

Please describe any condition that may prevent you from this: _____

Do you have a CENTRAL LINE? ☐ YES ☐ NO If yes, what type? _____

Do you have any condition that would prevent you from picking up/carrying a child or pushing a wheelchair? ☐ Yes ☐ No

If yes, please explain: _____

Are you CPR trained & certified?* ☐ YES ☐ NO Are you lifeguard trained? ☐ YES ☐ NO

Do you have up-to-date lifeguard certification?* ☐ YES ☐ NO

***If CPR or lifeguard trained & certified, please include a copy of your up-to-date certification.**

ARE YOU CURRENTLY UNDER TREATMENT FOR ANY MEDICAL OR MENTAL HEALTH ISSUES? ☐ YES ☐ NO

If yes, explain: _____

In the event of an emergency, what hospital would you prefer to go to? _____

LIST ANY MEDICATIONS YOU WILL BE TAKING WHILE AT CAMP: (INCLUDING DOSE AND FREQUENCY)-Attach a separate sheet if necessary.

Please be sure to bring all of your own medical supplies, medications, instructions, and medical equipment with you. Volunteers will be responsible for administering their own medications. Only first aid supplies will be available.

LIST ALLERGIES: (meds/food/bee stings & reactions) _____

LIST DIETARY RESTRICTIONS AND/OR SPECIAL FOODS IF NECESSARY: _____

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CHECK THOSE APPLICABLE:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Paralysis, partial/full | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Unsteady gait | <input type="checkbox"/> Bipolar disorder |
| <input type="checkbox"/> Sinus Infection | <input type="checkbox"/> Crutches/Cane | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Stomach aches | <input type="checkbox"/> Brace | <input type="checkbox"/> Seizures | <input type="checkbox"/> OCD |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Fainting Spells | Other _____ |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Heart Defect | Other _____ |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Glasses | <input type="checkbox"/> Diabetes | Other _____ |
| <input type="checkbox"/> Allergic to Poison Ivy | <input type="checkbox"/> Blindness, partial/full | <input type="checkbox"/> Bleeding disorder | Other _____ |
| <input type="checkbox"/> Allergic to insect stings | <input type="checkbox"/> Deafness, partial/full | <input type="checkbox"/> Depression | Other _____ |

Have you ever had:

Mumps: ☐ YES ☐ NO **Measles:** ☐ YES ☐ NO **Chicken Pox:** ☐ YES ☐ NO (if NO, have you been vaccinated for chicken pox?) ☐ YES ☐ NO **German Measles:** ☐ YES ☐ NO

IMMUNIZATION INFORMATION:

Are you fully vaccinated against COVID-19? ☐ YES ☐ NO (if yes, please provide a copy of your vaccination record)

Tetanus Booster up-to-date: ☐ YES ☐ NO MMR Vaccine up-to-date: ☐ YES ☐ NO

Polio vaccine received as a child?: ☐ YES ☐ NO

Have you/will you receive any vaccines in the 30 days prior to camp? ☐ YES ☐ NO If yes, please list the name of the vaccine and date it was/will be administered. NAME: _____ DATE: _____

PLEASE NOTE: If you have been exposed to CHICKEN POX or MEASLES within 3 weeks prior to camp, please contact us IMMEDIATELY! You SHOULD NOT have the LIVE VIRUS POLIO VACCINE within 6 weeks of camp. (There is a slight risk of exposure to the people on treatment!) You also CANNOT come to camp if you have MRSA (staph infection) or any other contagious infection (pink eye, hand-foot-mouth disease, etc.) as many of our campers, LITs and volunteers have compromised immune systems. If you are unable to attend camp due to medical or other reasons, please notify us IMMEDIATELY so your position can be filled.

ATTACH A COPY OF YOUR I.D., INSURANCE/MEDICAL CARD IN CASE OF AN EMERGENCY, & YOUR COVID VACCINE CARD.

Your application is not complete without these.

If you do not have medical insurance, please let us know. This will not affect your application in any way, it will just be noted in your insurance section in case of emergency.

I verify that the information provided on this application is correct to the best of my knowledge.

Signature: _____ Date: _____

Signature of parent (Required if volunteer is under age 18): _____

PLEASE SUBMIT ALL REQUIRED PAPERWORK AND A COPY OF YOUR DRIVER'S LICENSE, INSURANCE CARD, & COVID VACCINE CARD BY MAY 15, 2021 TO: HIS KIDS, PO Box 412, Highland, IL 62249 or fax to: (618) 654-4499 or attach to an email to jbellamy@hiskidsinc.org

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NEW VOLUNTEER INFORMATION

The section below must be completed by first-time applicants and volunteers who have not volunteered at Camp HIS KIDS in any of the past 3 years. You may write on a separate sheet if additional space is needed.

How did you learn about becoming a Camp HIS KIDS volunteer? _____

Why do you want to be a Camp HIS KIDS volunteer? _____

Describe any experience, training, education, or abilities you have which will help you in your role as a Camp HIS KIDS volunteer: _____

What special qualities, interests, or hobbies do you have that could enhance the Camp HIS KIDS camper/LIT experience? _____

Is there anything else we should know about you that will helpful to us when we select Camp HIS KIDS volunteers? _____

List 4 references. Must be non-related adults only. Feel free to attach any reference letters you may have.

Reference 1

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Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____ Years Known: _____
Phone #: _____ Email: _____

Reference 2

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____ Years Known: _____
Phone #: _____ Email: _____

Reference 3

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____ Years Known: _____
Phone #: _____ Email: _____

Reference 4

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____ Years Known: _____
Phone #: _____ Email: _____