



A retreat for children with life-threatening illnesses and their families

Hosted at Three Bears Resort™, Warrens, Wisconsin
 1500 Jellystone Park Drive, Warrens, Wisconsin 54666, (608) 378-3900
www.campsunshinewisconsin.org

Camp Sunshine Volunteer Application Form

Name _____
 (First) _____ (Last) _____
 Phone _____
 (Home #) _____ (Work #) _____
 Street _____
 City _____ State _____ Zip _____
 Date of Birth _____ Male _____ Female _____
 Drivers License # _____ State _____
 Social Security # _____
 E-Mail Address _____
 Please circle which session(s) you are applying for:

May 5th - 8th, 2008	Lupus/Renal Program
March 30-April 4, 2008	Oncology/Brain Tumor Program
Fall Dates to be Announced in June	

VOLUNTEER & EMPLOYMENT INFORMATION *(first time volunteers only)*

1) Organization _____ Phone _____
 Street _____ State _____ Zip _____
 Contact Person _____ Employed/Volunteered from _____(month) _____(year)
 Reason for leaving _____ to _____(month) _____(year)
 Job title _____ Describe work or volunteer service below:

2) Organization _____ Phone _____
 Street _____ State _____ Zip _____
 Contact Person _____ Employed/Volunteered from _____(month) _____(year)
 Reason for leaving _____ to _____(month) _____(year)
 Job title _____ Describe work or volunteer service below:

May we contact the above employers? _____ Yes _____ No
 If No, please explain why. _____

Personal or Professional References: *(this entire page--first time volunteers only)*

Name _____ Address _____
Occupation _____ Phone _____
Name _____ Address _____
Occupation _____ Phone _____

Have you been referred by any Camp Sunshine volunteers or families: (please list)

Family/Volunteer _____ Address _____
Occupation _____ Phone _____
Family/Volunteer _____ Address _____
Occupation _____ Phone _____

No smoking is allowed inside any of the Camp Sunshine buildings or when working with children.

Have you ever been convicted of a felony? ___ Yes ___ No

- 1) Have you ever been convicted of any crime involving a sex offense, an assault or the use of a weapon? ___ Yes ___ No
- 2) Have you ever been convicted of any crime involving the use, possession or the furnishing of drugs or hypodermic syringes? ___ Yes ___ No
- 3) Have you ever been convicted of reckless driving, operating a motor vehicle while under the influence, or driving to endanger? ___ Yes ___ No

If you answered Yes to any of the above items, please explain: _____

4) (OPTIONAL) Please indicate if you have personally experienced a life threatening illness or if you are currently being treated for a serious on-going illness. ___ Yes ___ No

If yes, would you be willing to share your experience with a group at Camp Sunshine? ___ Yes ___ No

Camp Sunshine has my permission to run a background check on me. ___ Yes ___ No

I can speak Spanish: ___ Yes ___ No Other languages: _____
I can speak French: ___ Yes ___ No
Sign Language: ___ Yes ___ No

I am a certified lifeguard: ___ Yes ___ No
If yes, certification expires: _____ Please provide copy of certification.

Please list any special skills, hobbies or interests you may have: _____

How did you hear about Camp Sunshine? _____

If selected, I give my permission to include my name and/or picture in all Camp Sunshine promotional material, newspapers, TV, radio, brochures, videos, etc. ___ Yes ___ No

Please list years that you have volunteered at a Camp Sunshine program: _____ # of years
_____ location (Maine, Wisconsin, Arizona).

I will need sleeping accommodations: ___ Yes ___ No

I would like to share accommodations with: _____
I will need all meals: _____ Yes _____ No

A suggested annual donation of \$50 (\$25 for students) is appreciated and helps to cover the costs of processing applications and a provided staff shirt:

- _____ *I have already sent in my \$50 donation*
- _____ *My donation is enclosed.*
- _____ *I have already sent in my \$25 student donation.*

Please check all areas for which you would be willing to volunteer:

(Please check a minimum of 3 areas)
(assignments are subject to change depending upon NEEDS of camp. Thank-you!)

- | | | |
|------------------------------|----------------------|----------------------------|
| _____ Nursery (ages 0-2) | _____ Adult Program | _____ Food Service* |
| _____ Tot Lot (ages 3-5) | _____ Arts & Crafts* | _____ One on One Counselor |
| _____ Kidz Camp (ages 6-8) | _____ Driver* | _____ Entertainment* |
| _____ Tween Camp (ages 9-12) | _____ Lifeguard* | _____ Photographer* |
| _____ Teen Camp | _____ Front Desk* | |
- I am willing to work on fundraising: _____ Yes _____ No
I feel qualified to be a head counselor _____ Yes _____ No

*Full and Partial week volunteering available for these areas

Full-week volunteers are to be present from 11 am Sunday through 11 am Friday.

Please check one:

- ___ I am available to volunteer for the full week of camp.
 - ___ I am available to volunteer for part of the week. The days and times I am available are _____
- _____
- _____

ALL QUESTIONS MUST BE ANSWERED TO BE CONSIDERED FOR VOLUNTEER POSITIONS

SIGNATURE _____ DATE _____
We must have your signature if you wish to be considered for volunteer positions. Thank you.

Voluntary Disclosure Statement
(All Camp Staff & Volunteers)

Developed and approved by American Camping Association

Please Remit to:
Camp Sunshine Wisconsin
1500 Jellystone Park Drive
Warrens, WI 54666

****In accordance with the ACA's accreditation requirements, the following information must be provided by ALL volunteers.** All information is treated confidentially.**

Name _____ Birth Date _____
Last First Middle

Home Address _____
Street Address City State Zip

Social Security # _____ Other names by which known _____
(e.g., Maiden name, etc.)

Home Phone _____ Business Phone _____

School or College _____
Address _____

Driver's License # _____ State _____ Expiration Date _____
Street Address City State Zip

1. Previous residence(s) for last 5 years (include college or home residences):

City _____ State _____ Years _____
City _____ State _____ Years _____
City _____ State _____ Years _____
City _____ State _____ Years _____

(continue on separate sheet if necessary)

2. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? ____ Yes ____ No

If yes, please explain: (Use a separate sheet if necessary)

3. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below? ____ Yes ____ No

- *Indecent assault and battery on a child under fourteen.
- *Indecent assault and battery on a mentally retarded person
- *Indecent assault and battery on a person who has obtained the age of 14
- *Rape
- *Rape of a child under sixteen with force
- *Assault with the intent to commit rape
- *Kidnapping of a child under sixteen with intent to commit rape
- *Distribution and trafficking of narcotics or other controlled substances
- *Intent to commit any of the above crimes

If yes, please explain: (Use a separate sheet if necessary)

4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? ____ Yes ____ No

If yes, please explain: (Use a separate sheet if necessary)

5. Are you now, or have you ever been, subject to any court order involving sexual or physical abuse of a minor, including but not limited to a domestic order of protection? ____ Yes ____ No

If yes, please explain: (Use a separate sheet if necessary)

6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? ____ Yes ____ No

If yes, please explain: (Use a separate sheet if necessary)

I understand that:

A. Camp Sunshine may deny volunteering to any person who answers any of questions numbered 2-6 above in the affirmative.

B. In applying for a camp position the information which I have furnished on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.

C. Camp Sunshine may terminate volunteer service of any person:

1. Found to have a history of complaints of abuse of a minor and/or
2. Found to have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor.

D. This disclosure statement must be updated yearly.

Signature: _____ Date _____

Signature of Minor's Parent or Guardian: _____ Date _____



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Permission to Treat

I hereby give permission to the medical personnel selected by the Camp Sunshine Director to provide routine health care; to administer medications; to order x-ray's, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for:

(Volunteer or staff person's name)

Signed _____ Date _____

Signed _____ Date _____
(signed parent or legal guardian if under the age of eighteen)

Please note any allergies individual may have: _____

Please note any medications individual is currently taking: _____

In the event of an emergency please contact:

(Name) (Phone #, including area code)

Please Remit All Forms To: Camp Sunshine Wisconsin
1500 Jellystone Park Drive
Warrens, WI 54666