

Volunteer Application

Thank you for choosing to volunteer at Camp For All 2U! Please read and complete the following form. If you have any questions please contact Volunteer Coordinator, Camille Boudreaux, at 979-289-3752 or cboudreaux@campforall.org.

Camp For All and MD Anderson/Texas Children's Hospital/Bo's Place/Dell Children's Hospital Consent and Release

This agreement must be read and signed for you to be eligible to attend as a volunteer for Camp For All 2U

Your Name: _____

PARTICIPATION CONSENT

I understand and certify that my participation in the activities at Camp For All/MD Anderson/Bo's Place/Dell Children's Hospital (Camp For All and Partner) is completely voluntary. I have familiarized myself with the program and activities at Camp For All and Partner in which I will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, the activities of horseback riding, high and low elements ropes course, swimming, archery, riflery, canoeing; assisting in the kitchen, housekeeping, grounds and facilities. I acknowledge that although Camp For All and Partner has taken safety measures to minimize the risk of injury to camp participants, Camp For All cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize the importance of knowing and abiding by the rules, regulations, and procedures for Camp For All and Partner. Further, I have received approval from a doctor authorizing me to participate in the activities at Camp For All. I also agree to inform Camp For All and Partner of any activities in which I may not participate.

LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge Camp For All and Partner, and any of their officers, directors, employees, and agents from all claims, causes of action or damages arising out of any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child during or related to my attendance at Camp For All and Partner.

MEDIA RELEASE

I hereby give Camp For All and Partner the right to interview and/or to take photographs, audio or audio-visual recordings of me to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. Camp For All and Partner shall have the right to use photographs or other images of me/my child in promotion, educational or fund-raising materials. I acknowledge that Camp For All and Partner shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Camp For All and Partner and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by Camp For All and Partner. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

Signature

Date

Confidentiality

I will maintain a high level of confidentiality. I will only discuss participant's individual diagnosis, needs, or medical information with those who are on a need to know basis, such as emergency medical personnel. I will not discuss participant's private information with others including fellow volunteers, user group staff or participants, Camp For All staff, family, classmates, or friends.

Background Check

1. In the last seven years, have you had any license, certificate or employment; suspended, revoked, terminated or adversely affected? No _____ Yes _____ If yes, provide a full description including dates and circumstances:

2. Have you ever plead guilty, been convicted received court-ordered community service, deferred adjudication, probation, or pre-trial diversion a misdemeanor or felony (excluding minor traffic offenses and/or plea of guilt or conviction that has been sealed pursuant to Okla. Stat. title 22:19, or any other state regulations)? Note: Conviction will not necessarily disqualify you from volunteering No _____ Yes _____ If yes, provide a full description including dates and circumstances: _____

(Answering yes will not necessarily be a bar to volunteering and will be considered in relationship to the position for which you are volunteering)

Application Information

I certify that all the information on this application, my resume, or any supporting documents is correct. I authorize Camp For All or its agents to investigate all statements contained in this application and/or resume.

Reasonable accommodations may be provided to qualified individuals with disabilities in accordance with the Americans with Disabilities Act (ADA) and applicable state and local laws.

Volunteer Name (printed)

Volunteer Signature

Date

Parent/Guardian Signature For Volunteers Under 18 Years Old

Date

Please return this application to Camille Boudreaux at Camp For All.
cboudreaux@campforall.org
Fax (979) 289-5046
6301 Rehburg Road, Burton, TX 77835



BACKGROUND CHECK AUTHORIZATION

FCRA DISCLOSURE AND ACKNOWLEDGMENT

IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT
NEW ADDITIONS HAVE BEEN MADE JANUARY 2014 IN ORDER TO COMPLY WITH
THE FCRA ARTICLE 613.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

("the Company") may obtain information about you for purposes of evaluating your application for a volunteer position from a consumer reporting agency ("Agency"). CampBackgroundChecks.com (A Datasource Company), 1200 NW South Outer Road, Corporate Centre, Blue Springs, MO 64015, Phone: 816-875-3699, Fax: 816-224-9699, or another outside organization. Agency's privacy policy can be found at <http://www.campbackgroundchecks.com>. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are selected as a volunteer, throughout your volunteer service, to decide whether to discontinue or modify your volunteer service. These reports may include, but are not limited to, checks regarding your criminal history, social security trace, employment and education references, driving history, professional licenses and credentials. Credit history will be requested only in accordance with applicable law. These reports may contain information regarding your use of social media, and other publicly accessible information. Social media includes, but is not limited to, social networking websites (i.e., Facebook and others), professional networking websites (i.e., LinkedIn and others), blogs, and other online media.

You have the right, upon written request made within a reasonable time after receipt of this notice, to ask the Company to disclose the nature and scope of any investigative consumer report. You also may request a copy of that report from the Company. If anyone other than Agency furnishes an investigative consumer report, Company will provide relevant contact information within five business days of your request. An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without personal interviews). Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for a volunteer position is an investigation into your education and/or employment history conducted by Agency. The scope of this disclosure and authorization is all-encompassing, however, allowing Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are selected, throughout the course of your volunteer service 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.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE 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 procurement of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am selected as a volunteer, throughout my volunteer service. 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 CampBackgroundChecks.com (A Datasource Company), 1200 NW South Outer Road, Corporate Centre, Blue Springs, MO 64015, Phone: 816-875-3699, Fax: 816-224-9699, <http://www.campbackgroundchecks.com>, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Maine, Massachusetts, and New Jersey applicants or volunteers only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by Company by contacting the consumer reporting agency identified above directly.
Minnesota applicants or volunteers only: You have the right, upon written request to Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Agency must make this disclosure within five days of receipt of your request or of the Company's request for the report, whichever is later.
New York applicants or volunteers only: You have the right to request whether Company requested a consumer report and, if so, Company will give you the name and address of the report's provider if other than Agency.
California, Minnesota and Oklahoma applicants or volunteers only: Please check this box if you would like to receive from Agency a copy of any report furnished by Agency to the Company pursuant to your authorization. []
Washington applicants or volunteers only: The Company will provide the disclosure described above concerning its procurement of an investigative consumer report either five days after receiving your request or after requesting the investigative consumer report, whichever is later. You have the right to ask Company to provide you with a summary of your rights under the Washington Fair Credit Reporting Act.

Full Name	First	Middle	Last
	First	Middle	Last
	First	Middle	Last
	First	Middle	Last
Maiden Name, Previous Names, or Aliases Used:	First	Middle	Last
	First	Middle	Last
	First	Middle	Last
	First	Middle	Last
Social Security Number:	Date of Birth:	Driver's License/ID State:	Driver's License/ID Number:
Current Address (Required):			From
Previous Address:			From/To
Previous Address:			From/To
Previous Address:			From/To
Previous Address:			From/To
Contact Telephone Number:		Email Address:	
SIGNATURE:			DATE: