



Camp For All 2U Volunteer Application

General Information-

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Tshirt Size: S M L XL XXL

Sign up to attend Camp For All 2U At MD Anderson the week of March 12-16, 2018.

Please specify shift/ time you plan to attend. Morning shift is 9am-12pm,

Afternoon shift is 12pm-4pm.

Monday, March 12 _____

Tuesday, March 13 _____

Wednesday, March 14 _____

Thursday, March 15 _____

Friday, March 16 _____

*Next Steps: Submit and background check/liability release form and negative TB test to Jessicah Holloway, Program Manager. Contact at jholloway@campforall.org

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 Program Manager, Jessica Holloway, at 979-289-3752 or jholloway@campforall.org.

Camp For All and MD Anderson/Texas Children's Hospital/Memorial Hermann /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

Please return application and background check form to Jessica Holloway at Camp For All
jholloway@campforall.org
Fax (979) 289-5046
6301 Rehburg Road, Burton, TX 77835



The Background Check Company

APPLICANT DISCLOSURE AND AUTHORIZATION FORM

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[Camp For All may obtain information about you from a consumer reporting agency for employment purposes. 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, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. 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 conducted by [One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com]. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law.

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 obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

PLEASE PRINT LEGIBLY

Last Name _____ First _____ Middle _____

Other Names/Alias _____

Social Security #* _____ Date of Birth* (MM/DD/YYYY) _____

Driver's License # _____ State of Driver's License _____

Present Address _____ Phone Number _____

City/State/Zip _____

All Previous Addresses in the Last Seven Years _____

Signature _____ Date _____

*This information will be used for background screening purposes only and will not be used for any other purpose.