



Volunteer Application

Thank you for choosing to volunteer at Camp For All! Volunteers play an important role in the success of Camp For All by providing thousands of service hours to the camp each year. Camp For All offers a variety of volunteer opportunities for groups and individuals of all ages and interests. Volunteers need to be 16 years old to volunteer independently. Volunteers between the ages of 12 and 15 may volunteer with a parent or guardian. All volunteers 18 years old and older will be asked to submit a background check, in compliance with the Texas Youth Camp Rules and American Camp Association Standards.

Program & Activities Assistants- Call or email for date. 979-289-3752 sleonard@campforall.org
Volunteers assist camp staff and campers with a variety of activities, including horseback riding, canoeing, fishing and archery. Volunteers are also needed to help with activity site maintenance throughout the week- string fishing poles, maintain bicycles, groom horses, and more. Program volunteers must be 16 or older; dependable; sensitive to the needs of those with a challenging illness or special needs; able to work well with children and people of all ages; and be comfortable working outdoors.

Gardeners and Grounds Assistants- Flexible Schedule

Volunteers assist with gardening, flowerbed maintenance and beautification of the camp entrance and other areas on the site.

Camp Care Days- Call or email for dates. 979-289-3752 sleonard@campforall.org

Volunteers are needed to assist with work projects during the fall/spring months. Projects include staining, outside cleaning, and other tasks necessary to help maintain furniture, fixtures, and the beautiful grounds.

Housekeeping- Flexible Schedule

Volunteers are needed to assist in keeping our facilities clean. Volunteers can help with projects such as laundry, regular cleaning of the cabins and deep cleaning.

Food Services- Flexible Schedule

Volunteers are needed to help wash dishes, clean dining hall and serve meals. Available tasks are dependent on age and experience.

For more volunteer information please contact:

Susanna Leonard

(979) 289-3752

sleonard@campforall.org

General Information—Please print legibly in black or blue ink. All information is required.

Adult or Parent/Guardian Name _____

Children's Names & DOB _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Please list your preferred time to volunteer (specific dates, morning, afternoon or all day shift).

Are there specific areas of Camp or activities where you would like to volunteer?

Do you have any special skills or talents you are interested in sharing (sewing, carpenter, etc)?

Do you have any allergies or medical conditions that we should be aware of?

Are you volunteering through an agency or group (NCL, ACL, Brenham YPO, etc)?

How did you find out about Camp For All?

Rate your comfort level in the following areas. Please review the Volunteer Manual prior to filling this out. (1=uncomfortable, 5=very comfortable)

Horses	1	2	3	4	5
Barnyard	1	2	3	4	5
Nature animals	1	2	3	4	5
Challenge Course	1	2	3	4	5
Kitchen	1	2	3	4	5
Housekeeping	1	2	3	4	5
Facilities Projects	1	2	3	4	5

Rate your level of interest in the following areas. Please review the Volunteer Manual prior to filling this out. (1=uncomfortable, 5=very comfortable)

Horses	1	2	3	4	5
Barnyard	1	2	3	4	5
Nature animals	1	2	3	4	5
Challenge Course	1	2	3	4	5
Kitchen	1	2	3	4	5
Housekeeping	1	2	3	4	5
Facilities Projects	1	2	3	4	5

Each person, aged 18 and older, must complete pages 3-5 individually. This section consists of a Confidentiality Statement, Camp For All Foundation Consent and Release, and Background Check. Electronic signatures will not be accepted.

Camp For All Foundation Consent and Release

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

Volunteer(s) Name: _____

PARTICIPATION CONSENT

I understand and certify that my/my child's participation in Camp For All is completely voluntary. I have familiarized myself with the activities at Camp For All in which I/my child 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 have 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 and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for Camp For All. Further, I have received approval from a doctor authorizing me/my child to participate in the activities at Camp For All. I also agree to inform Camp For All of any activities in which I/my child 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 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/my child's attendance at Camp For All.

MEDIA RELEASE

I hereby give Camp For All the right to interview and/or to take photographs, audio or audio-visual recordings of me/my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my/my child's 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 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 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 its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by Camp For All. 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

Parent/Guardian Signature For Volunteers Under 18 Years Old

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)? 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.

Adult Volunteer Name (printed)

Adult Volunteer Signature

Date

Please return this application to the Volunteer Supervisor at Camp For All.

sleonard@campforall.org

Fax (979) 289-5046

6301 Rehburg Road, Burton, TX 77835



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. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by [One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing [Employer] 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. 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 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. 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 [One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645], another outside organization acting on behalf of [Employer], and/or [Employer] itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

<u>New York applicants or employees only:</u> You have the right to inspect and receive a copy of any investigative consumer report requested by [Employer] by contacting the consumer reporting agency identified above directly.
<u>Minnesota and Oklahoma applicants or employees only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/>
<u>California applicants or employees only:</u> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/>

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 as hiring criteria.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment — or to take another adverse action against you — must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need — usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>