

Personal or Professional References:

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 _____

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.
 I am willing to work on fundraising: ___ Yes ___ No
 I feel qualified to be a head counselor ___ Yes ___ No

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).
(We continue to update our records to make sure you are included in all previous years you volunteered.)

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

A suggested minimum donation is appreciated and helps to cover the costs of processing applications, a provided staff shirt, and a bi-annual membership newsletter:

____ Yes, I have already sent in my \$50 membership fee. ____ My membership fee is enclosed.
____ Yes, I have already sent in my \$25 Student Associate Membership fee.

Please make checks payable to "Camp Sunshine Arizona"

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*	

*Full and Partial week volunteering available for these areas

Full-week volunteers are to be present from 11 am Sunday through 3 pm 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 (Dept. AZ)
c/o Personnel Dept
35 Acadia Road
Casco, ME. 04015

****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 _____



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

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 (Dept. AZ), 35 Acadia Road, Casco, ME 04015.
Phone: (520) 825-8502.