



DATE of APPLICATION		
_____	_____	_____
Month	Day	Year

Volunteer APPLICATION

Birthdate _____	Name: _____
Home Address: _____	E-Mail: _____
City/State/Zip: _____	Home Phone: [_____] _____
Volunteer E-Mail: _____	Cell Phone: [_____] _____
Volunteer Cell Phone: [_____] _____	

Have you ever worked for our organization before?
Yes No When: _____

Do you have any physical, mental, emotional or behavioral restrictions that would make it difficult for you to engage in any position, sport or activity at Camp? Yes No
If yes, explain: _____

Could you perform the position, sport or activity with some accommodations? Yes No If so, what?

What Camp are you volunteering for or a guest at? Sr. High Jr. High Jr. 1 Jr. 2
Other _____

CRIMINAL RECORD: Have you ever been arrested or convicted, sued or summoned for a crime or municipal ordinance violation, other than a minor traffic offense? Yes No

Have you ever been convicted, placed on probation, or given a suspended execution of sentence of an offense involving a minor, or endangering the welfare of a child such as child abuse, child neglect, etc., been placed on a local, state, or federal sex offender registry, been involved in a suit that involved illegal, inappropriate, or sexual conduct with a minor child, been disciplined or dismissed from any volunteer/employment position for any reason or following allegations of sexual, physical, verbal or any other inappropriate behavior, or do you have any disciplinary action or investigation currently pending by anyone for violence, sexual misconduct, or misconduct involving a child.
Yes No

If yes, please explain and continue on back if needed: _____

Volunteer Commitment

Please read and ***initial*** the following:

- I have been made aware of this organization's Guest/Visitor GUIDLELINES and agree to abide by them, and I further agree to abide by all safety rules and signage adopted by this organization.
- I understand that this organization expects high standards of moral and ethical treatment of the campers and staff in its care. I agree to strictly adhere to these standards in my voluntary capacity.
- I fully understand and agree to provide my services to this organization as a guest in a volunteer capacity without any express or implied promise of salary, commission, employment type benefits, including but not limited to employment insurance programs, workers compensation accrual in any form, or sick, holiday, or annual leave time.
- I commit that I have never abused children (either sexual abuse, physical abuse, or emotional abuse) or been convicted or arrested for child abuse.
- I understand that this organization maintains a "zero tolerance" policy to child abuse, and that any staff member found in opposition to or violating this policy may be terminated immediately.
- I commit to attending training and educational events provided by this organization to keep informed of all policies regarding child abuse.
- I commit that I will not show inappropriate pictures or videos, use inappropriate sexual or vulgar language, touch children inappropriately, or participate in sexual horseplay with children.
- I commit to immediately report any behavior that seems suspicious, questionable, abusive or inappropriate between peer to peer, staff to child, and staff to staff.
- I understand that ALL reporting (by law) is kept confidential and will in no way harm my position with Camp Allen unless false allegations are found to be made.
- I understand that child sexual abuse is punishable by law and that this organization is bound by law to report allegations of sexual abuse to the proper authorities.

If you, or someone you know is struggling with a sexual attraction to children, please opt out of working with children and call "Hope for the Heart" (866) 570-4673.

Volunteer Release

- I realize the use of the Organizations facilities may involve risks that neither I nor my child(ren) may be familiar, and that I assume this risk on behalf of myself and/or my child(ren).
- I agree to save and hold harmless this organization, their employees, agents, officers, directors and representatives (the "Organization") from any and all claims, liabilities, suits, actions, damages, or losses, including without limitation all costs and attorney's fees, and from and against its activities, any condition of its property or act, omission or negligence of the Organization.
- I hereby authorize the Organization, in the event of an incident requiring emergency medical attention, to seek medical attention on my or my child(ren)'s behalf using the services selected by the Organization to transport, hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery as required.
- I agree that a criminal background check will be conducted if I am over 18 years of age.
- In order for Camp Allen to initiate a criminal background check they need my Social Security #: _____
(Please print number clearly)

I REPRESENT THAT I HAVE ACCURATELY, COMPLETELY AND TRUTHFULLY COMPLETED THE INFORMATION REQUESTED ON THIS FORM.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THE FORGOING VOLUNTEER AGREEMENT AND RELEASE AND THAT I WILL COMPLY WITH THE SAME.

X

Volunteer Signature

X

Parent/Legal Guardian Signature (if volunteer is a minor)