



PLEASE ATTACH A RECENT PHOTO OF YOURSELF HERE
(optional)

Camp Sunshine Volunteer Application Form

Name _____
(First) (Last)

Phone _____
(Home #) (Work #) (Cell#)

Street _____
City _____ State _____ Zip _____

Date of Birth _____ Male _____ Female _____
(Optional) (Minimum volunteer age: 16 years old)

Drivers License # _____ State _____

Social Security # _____

E-Mail Address _____

VOLUNTEER & EMPLOYMENT INFORMATION

1) Organization _____ Phone _____
Address _____ City _____ State _____ Zip _____
Contact Person _____ Employed/Volunteered from _____(month) _____(year)
Reason for leaving _____ to _____(month) _____(year)
Job title _____ Describe work or volunteer service below:

2) Organization _____ Phone _____
Address _____ City _____ State _____ Zip _____
Contact Person _____ Employed/Volunteered from _____(month) _____(year)
Reason for leaving _____ to _____(month) _____(year)
Job title _____ Describe work or volunteer service below:

May we contact the above employers? ____ Yes ____ No
If No, please explain why. _____

Personal or Professional References: (Not related / 18 years of age or older)

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 _____

*No smoking is allowed inside any of the Camp Sunshine buildings or when working with children.
Camp Sunshine is also a dry campus.*

ALL QUESTIONS MUST BE ANSWERED TO BE CONSIDERED FOR VOLUNTEER POSITIONS

- 1) Have you ever been charged with or convicted of a felony? Yes No
- 2) Have you ever been charged with or convicted of any crime involving a sex offense, an assault or the use of a weapon? Yes No
- 3) Have you ever been charged with or convicted of any crime involving the use, possession or the furnishing of drugs or hypodermic syringes? Yes No
- 4) Have you ever been charged with or convicted of reckless driving, operating a motor vehicle while under the influence, or driving to endanger? Yes No
- 5) Are you seeking to volunteer in order to satisfy court-ordered community service? Yes No

If you answered Yes to any of the above five items. please explain . _____

- 6) (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

Have you ever participated in Camp Sunshine as a family? Yes No If so, Date _____

Camp Sunshine has my permission to run a background check on me. Yes No

I can speak Spanish: Yes No Other languages: _____
Sign Language: Yes No

I am a Red Cross certified lifeguard: Yes No Date of expiration: _____
I am willing to work on fundraising: Yes No
I feel qualified to be a lead 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 Camp Sunshine: _____
(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 will need all meals: Yes No

****Accommodations available for volunteers 18 years of age or older. Volunteers 16-17 years old may stay on site if accompanied by a volunteering chaperone over the age of 21.**

I would like to share accommodations with: _____

If 16 or 17: name of chaperone: _____

Yes, I have already sent in my \$50 membership donation. My membership donation is enclosed.

Yes, I have already sent in my \$25 Student Associate Membership donation.
(Membership donation optional; but encouraged)

SIGNATURE _____ DATE _____

We must have your signature if you wish to be considered for volunteer positions. Thank you.

CAMP SUNSHINE'S 2010 PROGRAMS

Volunteer Name: _____
 Phone # _____

Please indicate which session/sessions you would like to volunteer.

If selected please keep in mind that although we will try to accommodate your first choice; it may be necessary to place you into another session. Sessions/illnesses may be subject to change. Also, please make note if you are willing/able to volunteer for multiple sessions:

- _____ Fri February 12 - Tues February 16 (Oncology)
- _____ Wed February 17 - Sun February 21 (Oncology)
- _____ Fri February 26 – Sun February 28 (Mixed Diagnosis)
- _____ FULL Fri April 16 – Mon April 19 (Oncology)
- _____ Fri May 21 – Sun May 23 (Sickle Cell)
- _____ Thurs May 27 – Mon May 31 (Bereavement)
- _____ FULL Fri June 4 – Tues June 8 (Solid Organ Transplant)
- _____ FULL Sun June 13 – Fri June 18 (Retinoblastoma)
- _____ FULL Sat June 19 – Wed June 23 (Oncology)
- _____ FULL Fri June 25 – Wed June 30 (Fanconi Anemia)
- _____ FULL Mon July 5 – Sat July 10 (Brain Tumor)
- _____ FULL Sun July 11 – Fri July 16 (Diamond-Blackfan Anemia)
- _____ FULL Sun July 18 – Fri July 23 (Oncology)
- _____ FULL Sun July 25 – Fri July 30 (Shwachman-Diamond Syndrome)
- _____ FULL Sun Aug 1 – Fri Aug 6 (Oncology)
- _____ FULL Sun Aug 8 – Fri Aug 13 (Brain Tumor)
- _____ FULL Sun Aug 15 – Fri Aug 20 (Lupus)
- _____ Sun Aug 22 – Thurs Aug 26 (Oncology – Spanish Speaking)
- _____ Thurs Aug 26 – Mon Aug 30 (Oncology – Off Treatment)
- _____ Thurs Sept 2 – Tues Sept 7 (Renal)
- _____ Thurs Sept 30 – Sun Oct 3 (Dyskeratosis Congenita)
- _____ Fri Oct 8 – Tues Oct 12 (Brain Tumor)
- _____ Fri Oct 29 – Sun Oct 31 (Mixed – Great Pumpkin Weekend)
- _____ Wed Nov 10 – Sun Nov 14 (Bereavement)
- _____ Fri Dec 3 – Sun Dec 5 (Brain Tumor)

_____ **I am willing/able to volunteer for multiple sessions.**

**** Dates and illnesses subject to change**

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 | _____ Kitchen / Food Service* | _____ Landscaping / Grounds clean-up* |
| _____ 3-5 tot lot | _____ Marina / Aquatics* | _____ Arts & Crafts* |
| _____ 6-8 day camp | _____ Driver* | _____ Camp Store* |
| _____ 9-12 day camp | _____ Lifeguard* (Certified) | _____ Photographer* |
| _____ Teen day camp | _____ Housekeeping* | _____ Computer Data Entry* |
| _____ Adult program | _____ Fitness Room Attendant | _____ Building Maintenance / Janitorial* |
| _____ Activities Window | _____ One on One Counselor | |

*Full and Partial session volunteering available for these areas
 (No overnight accommodations when volunteering partial sessions)

Voluntary Disclosure Statement

(All Camp Staff & Volunteers)

Developed and approved by American Camping Association

Please Remit to:

Camp Sunshine
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 applicants.****

Name _____ Birth date _____
Last First Middle

Home address _____
Street Address City State Zip

Social Security # _____ Other names by which known (e.g., maiden name) _____

Home phone _____ Business phone (if applicable) _____

Cell phone (optional) _____ E-mail address (optional) _____

School or College _____

Address _____
Street Address City State Zip

Driver's License # _____ State _____ Expiration Date _____

1. Previous residence(s) for last five years (include college and 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 arrested and/or charged with a crime? (This includes all arrest and charges whether or not they were dismissed, deemed nolle prosequi, deferred adjudication, or found not guilty.)

Yes No

3. 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.)

4. 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 fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with 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.)

5. 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.)

6. 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 or protection? Yes No

If yes, please explain: (Use a separate sheet, if necessary.)

7. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? Yes No

If yes, please explain:

I understand that:

- a) The camp may deny volunteer opportunities to any person who answers "yes" to any one of questions 2-7. If accepted and Camp Sunshine later discovers circumstances that would indicate a "yes" answer to any of the above questions, volunteer status may be terminated immediately.
- b) The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers. (A separate release form may be required)
- c) The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
 - 1) have a history of complaints of abuse of a minor;
 - 2) 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; and/or
 - 3) have falsified or omitted information in this disclosure statement.
- d) This disclosure statement must be updated yearly and immediate notification provided to the camp if any information provided changes.

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 or 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, Personnel Dept., 35 Acadia Road, Casco, ME 04015
Email: info@campsunshine.org WebSite: <http://www.campsunshine.org>
Phone: (207)-655-3800 Fax: (207)-655-3825