

Camp Jornada Volunteer Application

Camp Jornada Foundation

PO box 494

Cresco, IA 52136

Email: campjornada@campjornada.org

Application Deadline is June 1, 2009 (No Exceptions)

GENERAL INFORMATION

Did you volunteer at Camp in 2008? (If no please fill out new volunteer Application)

Yes No

Name: _____
Last Middle First

DOB: _____ Age: _____ M F

Home Address: _____
Street Address City State Zip

Permanent Address if Different From Above:

Street Address City State Zip

Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Best time to contact: AM/PM _____ Home/Work _____ Preferred mailing: Home _____ Work _____

Emergency Contact: _____ Relationship to you: _____

Home Address: _____
Street Address City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Do you have the ability to assist/ lift a camper in personal care situations? _____ Yes _____ No

Position applying for: (explained on last page) Counselor CIT Other (list below)

Full-Time Part-Time

Availability (please print clearly)

Days: _____

Times: _____

EDUCATION

Highest Level of education completed:

High school (still in)
High school
Some College
College Degree: _____
Graduate Degree Degree: _____

REFERENCES (Please list three. An inquiry may be sent out)

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Only for those applying to be a Camp Counselor/CIT

<u>Activity</u>	<u>Lead</u>	<u>Assist</u>	
Archery	<input type="checkbox"/>	<input type="checkbox"/>	
Arts and crafts	<input type="checkbox"/>	<input type="checkbox"/>	
Canoeing	<input type="checkbox"/>	<input type="checkbox"/>	
Field and Gym Recreation	<input type="checkbox"/>	<input type="checkbox"/>	
Fishing	<input type="checkbox"/>	<input type="checkbox"/>	
Horseback Riding	<input type="checkbox"/>	<input type="checkbox"/>	
Musical Background	<input type="checkbox"/>	<input type="checkbox"/>	
Photography	<input type="checkbox"/>	<input type="checkbox"/>	
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	
Gardening	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please be advised that in compliance with our certification procedures, all applicants may be subject to the following:

- A. Criminal Background Check
- B. Drug Screening
- C. Review of Driving Record

Please check all that apply and attach a photocopy of any certification checked below:

____ Any professional license related to the medical field (please list)

____ Current CPR Training

____ Current Lifeguard Certification

____ Current First Aid Training

____ Bilingual including sign language (specify)

____ Other _____

Note: Camp Jornada greatly appreciates your volunteer application and recognizes the many and varied offered talents and assistance. Selection of volunteers for the camp will be based on needs as they relate to space and positions available. We sincerely thank you for your support!

I hereby certify that all the information given on this application is true to the best of my knowledge. I understand that any false information may be cause for immediate dismissal.

Print Name _____

Signature _____

Date _____

For Office use Only

Date Application Received/Applicant Interviewed _____

Received/Interviewed by _____

References Checked _____

Applicant Advised with response letter (date sent) _____

Added to mailing list & email list _____

Background Check Completed _____

Volunteer Consent Form Received & Signed _____

Voluntary Disclosure Received & Signed _____

VOLUNTEER CONSENT FORM

Name: (please print) _____

CONSENT TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE

In the event medical attention is required that cannot be administered at the camp, and I cannot be reached in case of an emergency, I hereby give permission to the physician selected to secure and administer medication and treatment, arrange for emergency treatment. I give permission to the medical personnel selected by the camp director to order tests, X-rays, or other treatments deemed necessary and appropriate. I also give permission for the medical personnel to release any records required for insurance purposes and to provide or arrange for any related transportation for me/or my child. I understand and agree that Camp Jornada camp staff and volunteers are not responsible for injury that may result from any or all accidents, including those that may be related to horseback riding. This completed form may be photocopied for trips out of camp.

Signature of staff/volunteer: _____

Date: _____

CONSENT TO PARTICIPATE

I waive and release Camp Jornada (including all officers, directors, staff and volunteers) from any and all liability, claims, demands and actions whatsoever for accident, injury, damages or loss, which may arise from participation in camp related activities, including horseback riding.

I understand that this is an innovative camp program using a variety of outdoor settings and activities that have some inherent physical risks. I understand that if I have any questions about these activities, I can make an appointment to discuss it with a member of the Camp Jornada Foundation Board.

I understand that during horseback riding there are risks of falling, equipment failure, or hit by objects dislodged by others or by force of nature, and that by electing to participate in such activities, the risk of accident or injury is assumed on my behalf.

I also understand that not all staff will participate in the above activities. Age and physical abilities will determine appropriate participation in activities.

Signature of staff/volunteer: _____

Date: _____

MEDIA CONSENT

I hereby authorize the interview, taking pictures, motion pictures, and or television pictures during the participation of the indicated individual in any or all Camp Jornada related activities and/or events. I also consent to the use of any and all such pictures in any media publication and release any and all of my rights with respect thereto.

Signature of staff/volunteer: _____

Date: _____

Voluntary Disclosure Statement

(All Camp Jornada Foundation Staff and Volunteers)
(For purpose of Background Check)

Name: _____
 First **Middle (full)** **Last**

Home Address: _____
 Street Address **City** **State** **Zip**

Date of Birth: _____ Sex: (M or F) _____

Drivers License #: _____ State: _____ Exp. Date: _____

Employer/School: _____

Work/School Address: _____
 Street Address City State Zip

NOTE: If needed you may be asked to give your SSN # for background checks only.

6. **Have you been convicted of anything since your last background check with the Camp Jornada Foundation?** **Yes** **No** **N/A**

If yes, please sign here and explain:

I hereby confirm that all of the above information is accurate. I also authorize any and/or all appropriate state organizations(s) to disclose all criminal history record information to the Camp Jornada Foundation for the purpose of any/all of their related activities.

Signature: _____ Date: _____

I also understand that:

- a. The camp may deny volunteer status or employment to any person who answers any of questions numbered 2-6 in the affirmative.
- b. In applying for a camp position, the information that 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. The camp may terminate employment or 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 completed and updated yearly.
- e. All information is kept confidential and used for camp purposes only

Signature: _____ Date: _____