



2018 Camp Susquehanna Volunteer Application

Thank you for your interest in volunteering for Camp Susquehanna, a program of the Burn Prevention Network. This year, Camp Susquehanna will be moving to a brand new venue, Camp Westmont in beautiful Poyntelle, PA! We expect approximately 60 children with burn injuries to attend, and each one will benefit from the love and leadership provided by role models like you!

TIME COMMITMENT: All volunteers are required to be present at camp at 6PM on Tuesday, June 12th, 2018 and are required to stay at camp until Sunday, June 17th at 2PM. **EXCEPTIONS WILL NOT BE MADE.** You must be 21 years old on the first day of camp to apply.

Incomplete applications will not be considered. (All questions on applications must be answered, all clearances submitted and waivers signed to be considered complete.)

If you have any questions about the commitment involved or the duties of being a counselor, please contact Liz Hess at campsusquehanna@gmail.com. You can learn more about Camp Susquehanna at www.campsusquehanna.org.

Deadline for application: April 1st, 2018 Leadership will be in touch with all applicants by May 1st.

SECTION A - GENERAL INFORMATION

First Name: _____ Last Name: _____

Name you would like to be called at camp: _____

Date of Birth: ___/___/_____ Age: _____ Gender : Male Female

I verify that I am at least 21 years old

(signature) _____

Home Address: _____

City /State/Province /Zip/Postal: _____

Country: _____

Cell Phone Number: _____

Email Address: _____

T-Shirt Size : **SM MED LG XL XXL XXXL**

Place of employment (or full-time student information): _____

Job Title: _____

Brief Job Description: _____

Are you certified in: First Aid CPR Lifeguard

Are you interested in being involved on the Program Committee (Program staff are not assigned to a specific group of campers but have the opportunity to be with all campers as they help lead, facilitate and direct program activities under the direction of the Program Director)?

Yes No

If you are interested in being a camp counselor, which age group would you prefer to work with?

7-9

10-12

13-14

15-17

I would prefer to work with the Programming Team

I have no preference, assign me where you need me the most

Do you have a gender preference in the campers you will be working with?

Males Females No preference

If you are a returning staff member, how many years have you attended Camp Susquehanna?

Due to the dynamics of staffing at a children's camp, it may be necessary to reassign staff either before or during camp in order to assure the needs of the children are met. Please select "YES" that you have read and understand this.

YES

Are you currently under investigation for, facing charges for, or ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain:

SECTION B – TELL US ABOUT YOURSELF

1) How did you hear about us?

2) Do you have any prior experience working with children? (including prior experience as a camp counselor)? Yes No

If yes, please explain:

3) What special interests or talents do you have that would benefit our camp (Photography, videography, computers, Play a Musical Instrument, Singing, Dancing, Fishing, Nature, Arts & Crafts, Sports)?

4) Are you a burn survivor? Yes No

If yes, how do you think your experience as a burn survivor will impact your role as a volunteer?

5) Have you previously known or worked with individuals who have experienced burn injuries? Yes No

If yes please explain:

6) Why are you interested in working with children who have burn injuries at Camp Susquehanna?

7) What is your philosophy concerning the re-direction or discipline of children?

8) When you are unhappy, angry or emotional about a person or circumstance, what do you do?

9) Have you experienced any significant physical or emotional stress within the past year, such as the loss of a parent, spouse, or child, ill health, etc.? Yes No

If yes, please explain:

10) At Camp Susquehanna, we want you to feel safe, comfortable, and supported. Is there any other information about yourself that would be helpful for us to know?

SECTION C – STAFF REFLECTION

We want camp to best serve you, so you in turn can share your best self with the program. Please read the following questions, give them thought, and share with us.

11) Whether it's your first year, your 25th or somewhere in between, why do you want to be a part of Camp Susquehanna this year? _____

12) Camp is about giving, getting, and learning. How do you think you will add to the camp experience?

13) What, if any, are your concerns about volunteering at camp this year?

14) What are your plans to alleviate those concerns prior to camp?

15) We ask all of our participants to challenge themselves....we all strive for greatness! Tell us about a time when you set a goal outside of your comfort zone. What was that like? How did it go? How did this experience prepare you for camp?

16) Please list at least five adjectives that you feel best describe you:

17) Select which of these two statements best describes you:

- I am most comfortable in a leadership role
- I am most comfortable in a supporting role

18) Select which of these two statements best describes you:

- I am good at following direction
- I am good at taking initiative

19) We will do a series on Social Media introducing our staff to the community. Here's your chance to write a quick intro! Include who you are, what makes you unique, something outrageously true about you, what makes you sparkle.....(will be edited for content, length and style.) Please also attach/include a photo of yourself!

SECTION D - EMERGENCY CONTACTS & MEDICAL INFORMATION

In case of an emergency, who should we notify?

Emergency Contact #1

Name: _____

Relationship: _____

Preferred Phone Number: _____

Alternative Phone Number: _____

Emergency Contact #2

Name: _____

Relationship: _____

Preferred Phone Number: _____

Alternative Phone Number: _____

Medical Information:

20) Please list any allergies you have (food, medication, environmental, other) and the specific allergen and reaction you have had in the past:

21) Please list any medications you take:

*** All medications (prescription and OTC) must be turned over to a Camp Nurse when you arrive at camp and be kept with medical staff for the duration of camp.*

22) Any diet restrictions?

23) Any activity restrictions (unable to swim, overheat easily, etc)? _____

24) Is there anything that may restrict your participation in programming and/or activities (condition(s), illness or other injury, etc.)? _____

25) Date of last Tetanus: ___/___/____

26) Primary Care Provider: _____

Phone# _____

Address: _____

Staff and Volunteers are expected to have personal medical insurance and know how to access it, should it be needed. Please bring insurance cards with you to camp.

Insurance Carrier: _____

Subscriber Number: _____

Member ID: _____

Group Number: _____

Insurance Carrier Phone Number: _____

***All insurance and medical information is kept strictly confidential. Information is released only to personnel who need it in order to best care for you in the event it becomes necessary to seek medical attention on your behalf.*

SECTION E - CLEARANCES

All camp Susquehanna volunteers are required to successfully complete a current PA Child Abuse Clearance, PA Criminal History Check, and if you have not lived in PA for ten consecutive years, an FBI Fingerprint Check. To be considered current, they must have been issued no sooner than June 17th, 2013. For more information please visit <http://burnprevention.org/camp-susquehanna/clearance-forms-waivers/>

Please indicate your current status:

_____ I have current clearances, and including them with my application.

_____ I have applied and am awaiting results.

_____ Camp Susquehanna already has copies of my current clearances.

Have you lived in the state of Pennsylvania for the last 10 consecutive years?

_____ YES

_____ NO (FBI Fingerprint check required)

SECTION F – FOR FIRST TIME VOLUNTEERS

Please complete the following section if you are a first time volunteer for Camp Susquehanna:

Please give the complete addresses and telephone numbers of the three people outside your immediate family who know your character, experience and ability to relate to children. Please do not list members of the Camp Susquehanna Leadership Team.

Reference #1:

Name: _____

Relationship To You: _____

Email address: _____

Telephone #: _____

Reference #2:

Name: _____

Relationship To You: _____

Email address: _____

Telephone #: _____

Reference #3:

Name: _____

Relationship To You: _____

Email address: _____

Telephone #: _____

SECTION G - CONSENTS & WAIVERS:

Please read each section carefully and sign.



Description of Activities

Camp Susquehanna provides structured activity opportunities for environmental education and adventure recreation. The following list, though not necessarily comprehensive, lists elements/activities that may be included in the Volunteer's experience at Camp Susquehanna, dependent upon the schedule arranged.

Activity Options

Kayaking, canoeing, paddle boarding, paddle boating, water slides, pool, water skiing, water tubing, zip lines*, climbing tower, high and low ropes*, go carts, deck hockey, volleyball, fitness center, fishing, Wiffle® ball, kickball

* indicates that this type of activity will involve safety equipment like harnesses, helmets, and fall-restraint devices, and participants will potentially be 10-60' above ground at various points of the activity.

Challenge by Choice

Volunteers in events will be encouraged to participate in activities that may challenge them to push past their perceived fears and comfort, but at no time will a Volunteer be coerced into participating in something that he/she wishes to decline. All activities are "Challenge by Choice" and at any time, a Volunteer may choose to remove himself/herself from the activity.

Medical Concerns

Volunteers must be reasonably fit. Activities are designed for use by persons of at least average mobility and strength who are in reasonably good health. Obesity, high blood pressure, cardiac and coronary artery disease, pulmonary problems, arthritis, tendonitis, and other joint and

musculo-skeletal problems and some psychological and psychiatric problems, may all increase the risks of the experience and cause the Volunteer to be a danger to himself/herself or others. If you are uncertain as to whether or not the Volunteer is fit enough to participate, you should consult a doctor before doing so. Certain activities have weight, height, and age restriction

2018 TERMS AND CONDITIONS

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

1. **RULES AND REGULATIONS:** These Terms and Conditions define the relationship between, on the one hand, you and your child, and on the other, Camp Susquehanna and The Burn Prevention Network (hereinafter collectively referred to as "Camp"). The Volunteer ("Volunteer") and accepts these Terms and Conditions and agree to abide by all of the rules and regulations established by Camp including, without limitation, those relating to enrollment, withdrawal and visitation of Volunteers.
2. **CONSIDERATION:** Volunteer acknowledges the personal benefits accruing to Volunteer a by reason of Volunteer's participation in the described event(s) and the sufficiency of the value therein and other good and valuable consideration in exchange for the promises herein.
3. **DISMISSAL OF VOLUNTEER:** The Camp reserves the right to dismiss, in its sole discretion, any Volunteer whose condition, conduct, influence, or behavior is deemed unsatisfactory or detrimental to the best interests of the Camp or to fellow Volunteers or campers, or who violates Camp rules and regulations.
4. **MEDICAL CARE:** Routine medical care, including but not limited to the provision of "first aid" and the administration of over the counter medications for fever, generalized pain or minor allergic reaction may be provided by the Camp health care staff. Volunteer understands that Camp may not have medical personnel available at Camp site at all times and grants Camp permission to authorize medical treatment (including dental and orthodontic) outside of Camp, by medical personnel of Camp's choosing, should the Camp director(s) ("Director") deem such treatment immediately necessary for Volunteer's well-being. Should it be necessary for the well-being of the Volunteer to use outside medical care or if any special medications must be ordered, all expenses involved will be paid by Volunteer. In addition, any dental, orthodontic, or optical work will be paid by Volunteer.
5. **VOLUNTEER MEDICAL INFORMATION:** Volunteer shall complete the Volunteer Medical Information Questionnaire prior to, or at the time of Volunteer registration.
6. **RELEASE AND WAIVER OF CLAIMS AND LIABILITY:** As a condition of the Volunteer being admitted to the Camp, in consideration of such benefits and other good and valuable consideration received by Volunteer and Volunteer, hereby holds harmless and releases the Camp, its owners, directors, officers, employees, and agents from any and all damages, claims, causes of action and liability, whether brought by Volunteer, or any third party on their behalf, for personal injury or

property damage which results in any way from the operations of the Camp, activities in which the Volunteer participates at the Camp, or in conjunction with the Camp, or the conditions on or about the Camp premises or in any place where the Volunteer participates in Camp activities, or Camp's authorization of the provision of medical care to Volunteer in accordance with Paragraph 4. Volunteer agrees to indemnify Camp for any such claims brought by Volunteer, or a third party on their behalf from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

7. PERMISSION TO PARTICIPATE: Volunteer has reviewed and understands the Camp Activities and grants Volunteer permission to participate in all Camp programs and activities, excursions, and special outings, and understands that accidents and injuries may occur in the natural course of participation in such activities and Volunteer, on behalf of Volunteer and Volunteer, assumes full responsibility for any such accidents, injuries or similar risks. Volunteer understands that physical activities are an integral part of the Camp program and gives permission to the Camp to permit Volunteer to participate in these programs. Volunteer grants Camp permission to drive Volunteer on public transportation or by a licensed driver for such purposes and for transportation of Volunteer to, during, and from Camp.
8. IMAGES, ETC: Permission is hereby given (a) for Camp to use in promoting and marketing the Camp and in other ventures directly relating to the Camp (i) digital, photographic, video, and audio images or likenesses of Volunteer; and (ii) statements, articles, names, music, art, photographs, audio recordings, films and videos created by Volunteer or originating from Camp or from a Camp related activity, and (b) for news media representatives to photograph myself for publication in newspapers, or television news broadcast.
9. BELONGINGS: The Camp is not responsible for Volunteer's belongings or equipment while in transit or at Camp.
10. SEVERABILITY: Volunteer expressly agrees that the provisions contained within these Terms and Conditions are intended to be as broad and inclusive as permitted by applicable law and that if any portion of the Terms and Conditions are held invalid, it is agreed that the balance of the agreement, including the remaining Terms and Conditions, shall, notwithstanding, continue in full force and effect.
11. INTEGRATION: Volunteer affirms that this agreement supersedes any and all previous oral or written promises or agreements. Volunteer understands this is the entire agreement between the parties and cannot be modified or changed in any way by representations or statements made by any agent or employee of Camp. This agreement may only be amended by a written document duly executed by all parties.
12. EFFECTIVE DATE: This agreement of the parties shall take effect and become binding when (a) signed by Volunteer, (b) returned to Camp, and (c) accepted by Camp, which shall be deemed to occur at the latest when the Volunteer is permitted to begin attending the Camp.

13. **DISPUTES:** To the extent any restriction herein on filing lawsuits is deemed unlawful, Volunteer agrees to submit any claims to a conciliation/mediation organization for binding resolution. The foregoing notwithstanding any and all claims, lawsuits, disputes or causes of action of any kind or nature, whether arising in law or in equity, not so resolved, asserted by Volunteer against the Camp and arising from or related to these Terms and Conditions or from the Volunteer's attendance at Camp shall be brought and maintained exclusively in the state or federal courts of the Commonwealth of Pennsylvania, and Volunteer expressly submits to the jurisdiction of such courts. The substantive law of the Commonwealth of Pennsylvania will govern such disputes without regard to conflict of law rules.
14. Any volunteer with a contagious condition at the start of camp (such as head lice/eggs, conjunctivitis (pink eye), etc. will not be admitted to camp. A registered nurse will be checking each Volunteer upon arrival at camp.

Acknowledging that I have read, understand and agree to be bound by the foregoing:

I understand that I will be serving as a Volunteer without compensation. I attest that all information that I provided in this application is true and understand that untrue, or omitted information herein may result in dismissal, regardless of the time of discovery. I am willing and desire to participate in the activities at Camp Susquehanna. I understand that reasonable measures will be taken to safeguard the health and safety of all participants. I understand that I will have to undergo a child abuse clearance check and criminal background check in order to be considered for a counselor position. Finally, I understand that I will be required to sign a behavioral contract and if I violate the terms of the contract at any time, it will result in my immediate dismissal.

VOLUNTEER

Printed Name

Signature

Date