



We Prescribe Fun!

Volunteer Application

All Applicants must be 19 years of age or have completed one year of college, unless otherwise specified.

Applications are received and volunteers are placed without regard to race, creed, color, religion, sex, age, national origin, marital status, physical or mental handicap, veteran status and citizenship status. The receipt of this application does not mean that volunteer openings exist nor does it obligate us in any way. We appreciate your interest in our organization.

Name _____ Date of Birth ___/___/___ Gender: ___ Male ___ Female T-shirt Size _____
Last First M.I.
Present Address _____ Permanent Address (If different) _____

Email _____ Home Phone _____ Cell Phone _____
How did you hear about Camp? Are you affiliated with a partnering group or hospital? _____

Volunteer Availability: Please check which positions you are interested in (See website for descriptions.)

Day & Ongoing Volunteers:

- Barn Maintenance
- Woodshop Cutters Lifeguard
- Housekeeping Dining Hall
- Office Support

Please list days and times available: _____

Family Weekend Volunteers (3 days):

- Den Counselor
- Program Counselor
- Dining Hall
- Barn
- Lifeguard

Summer Camp Volunteers (1 week):

- Den Counselor
- Dining Hall
- Barn

Please list sessions you are interested in attending: 1. _____ 2. _____ 3. _____

Please mark any certifications (please attach copies): First Aid C.P.R. Lifeguard Other: _____

Please list any languages you speak fluently: _____

Why do you want to work with children who have life-threatening illnesses?

What experiences have helped you prepare for this role?

What do you foresee being your greatest challenge with the lifestyle of camp? How will you manage this challenge?

What experience do you hope to get out of camp?

Please list any special skills, hobbies, or talents you can contribute to the campers experience:

EDUCATION:

Name, City & State	Dates Attended	Diploma or Degree/Area of Concentration
High School _____	_____	_____
College _____	_____	_____
Grad/Other _____	_____	_____

EMPLOYMENT HISTORY:

Last (or Current) Employer _____	Supervisor _____
Address _____	Employer's Phone # () _____
Employment Dates _____	Your Title _____
	Employer's Email _____
Additional Employer _____	Supervisor _____
Address _____	Employer's Phone # () _____
Employment Dates _____	Employer's Email _____

Camp Experience or Experience Working With Children:

Employer _____	Supervisor _____
Address _____	Employer's Phone # () _____
Employment Dates _____	Your Title _____
	Employer's Email _____

REFERENCES: (non-family members. NOTE: Different from employers)

Name _____	Occupation _____
Relationship _____	Email Address _____
Name _____	Occupation _____
Relationship _____	Email Address _____

Please answer YES or NO to the following questions:

- Yes No
- ___ ___ Has your name ever appeared on a sex offender registry?
- ___ ___ Have you ever been convicted of any crime except a minor traffic offense?
- ___ ___ Has your driver's license ever been revoked or suspended?
- ___ ___ Have you ever been fired for cause or suspended/expelled from school?

If you answered yes to any of the above questions, please explain _____

Please answer honestly. We run a nation-wide criminal background check on all applicants.

Applicant's Certification and Agreement: Please read carefully and sign

The facts set forth in my application are true and complete. I understand that if accepted, false statements on my application shall be considered sufficient cause for dismissal. I authorize the use of any information on this application and attached supplements to verify my statements, and I authorize Camp to contact the past employers, schools, and all references listed above.

_____ Signature of Applicant	_____ Date
_____ Signature of Parent (if applicant under 18)	_____ Date

The Center for
Courageous Kids



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Elizabeth Turner Campbell, Founder

BACKGROUND CHECK DISCLOSURE & RELEASE: VOLUNTEER

DISCLOSURE

In connection with your application for a volunteer position (including contract for services), consumer reports may be requested from National Crime Search, Inc. (NCS). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from NCS concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to NCS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that NCS has previously furnished within the two-year period preceding your request. NCS may be contacted by mail at 16 West Center, Fayetteville, AR 72701, or by phone at (888) 527-3282.

RELEASE

I AUTHORIZE, WITHOUT RESERVATION, NCS, AND ANY PARTY OR AGENCY CONTACTED BY NCS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

NCS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, volunteering, promotion or any other lawful purpose. I agree that such information which NCS has or obtains, and my employment history if I am hired, may be supplied by NCS to other companies that subscribe to NCS. If hired as an employee, volunteer or contracted employee, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, my status as a volunteer or my eligibility for promotion.

Print Applicant Name

Applicant Signature

Parent Name (if under 18)

Parent Signature (if under 18)

Social Security Number

Today's Date

Date of Birth

State / Driver's License Number

The Center for Courageous Kids
1501 Burnley Road
Scottsville, KY 42164
(270) 618-2900 phone (270) 618-2901 fax
www.courageouskids.org

The Center for Courageous Kids
Volunteer Medical History Form

Name: _____ Birth Date: _____ Age: _____ Gender: M F
Address: _____
Telephone Number: _____ Cell Phone Number: _____

Emergency Contact Person:

Name: _____ Relationship to you: _____
Address: _____ Home Phone: _____
Work Phone: _____

Ht: _____ Wt: _____ Last Tetanus booster: (date required) _____

Significant Medical History (surgery, serious injuries, hospitalizations): _____

Allergies (medication, foods, and contact items like insect bites): _____

Physical restrictions or limitations to activity: _____

Prescription medications or over the counter medications: (Summer counselors will have meds stored in the medical center.)

Primary Care Physician: _____ Telephone Number: _____

MEDICAL RELEASE

In case of accident or illness, medical services may be provided by camp medical/nursing staff. In the event of an emergency and you are unable to give consent for care, the medical center staff is authorized to carry out any procedures deemed necessary. Staff members and volunteers assume financial responsibility for all medical expenses incurred while at camp. Medical insurance information is requested in the event a referral of an injured or ill staff/volunteer becomes necessary.

I have read, understand and agree by the above. I attest that I am physically fit for camp and there are no medical restrictions that would prevent me from performing the essential functions of my job. I understand that the Center for Courageous Kids assumes no responsibility for any pre-existing injury or illness.

(Print name)

(Signature)

(Date)

If under the age of 18, signature of parent or legal guardian is required.

(Print name)

(Signature)

(Date)

Center for Courageous Kids
Tuberculosis (TB) Risk Factor Screening

Universal tuberculin testing is not recommended in the US and other low-incidence countries due to the high rate of false positive results. Tuberculin testing is, however, indicated for children/individuals with risk factors for TB. **Please answer the following questions.**

- YES NO 1. Are you an immigrant from a country with a high incidence of TB? (Countries not listed in table below).
- YES NO 2. Have you traveled to a high-incidence country (Not listed in table below) within the past year?
- YES NO 3. Have you had household contact with an individual who immigrated from a country with a high incidence of TB or an individual who has TB?
- YES NO 4. Have you had exposure to individuals in the past year who are HIV-infected, homeless, institutionalized, users of illicit drugs, or incarcerated?
- YES NO 5. Do you have HIV infection, diabetes mellitus, chronic renal failure, malnutrition, reticuloendothelial diseases, other immunodeficiencies, or receiving immunosuppressive therapy?
- YES NO 6. Do you work in any type of healthcare facility where you share air space with patients (ex: nurses, therapists, housekeeping, etc...)?
- YES NO 7. Have you been hired as a paid staff member for The Center for Courageous Kids (including paid seasonal staff)?

If you answered **YES** to any of the questions above, please submit documentation of a TB skin test (Mantoux) with your medical form. If the TB skin test is *positive*, you will need to submit evidence of a chest x-ray report.

If you answered **NO** to all the above questions, please sign below:

I have none of the identified risk factors: _____/_____

(Signature) (Printed Name)

Countries/Areas with **LOW RATES** of Tuberculosis (TB)
(WHO 2005 data – incidence of <20/100,000 all TB cases)
<http://www.who.int/globalatlas/dataquery/default.asp>

Australia	Denmark	Israel	Monaco	Sweden
Austria	Finland	Italy	Netherlands	Switzerland
Belgium	France	Jordan	New Zealand	USA
Canda	Germay	Lebanon	Norway	Arab Emirates
Chile	Greece	Libya	Oman	U.K.
Cyprus	Iceland	Luxembourg	Slovakia	
Czech Republic	Ireland	Malta	Slovenia	

Please Return to:
The Center for Courageous Kids
Attn: Camp Nurse
1501 Burnley Rd.
Scottsville, Kentucky 42164