



Dear Prospective 2017 Volunteer:

Attached/enclosed, please find an application to volunteer with Camp High Five (CHF) this summer. **Our camp will be held from June 18 – June 23, 2017.** Volunteers will report for duty on **Saturday, June 17th** and we will have a welcome dinner that evening at a local restaurant. Again this year, we will use Camp Twin Lakes' Will-A-Way site in Winder, Georgia. As usual, bus transportation to/from the camp site will be available. We will need some volunteers to accompany the campers on the bus, and others to greet campers upon their arrival at Will-A-Way.

All Atlanta-based staff will be expected to complete a **one-day training session, time and location TBA** (additional trainings will be offered in other cities- dates to be determined). Please be aware that there will be required online training (this will be discussed in detail at the training session). As TB testing is mandatory for all applicants, we will provide you with opportunities to have this test administered at the training and/or H.E.R.O. office. You will be given further information regarding training and TB testing in the near future. All volunteers are expected to stay at camp for the duration of the session, unless authorized by the Camp Director, Sergio Crayton or Assistant Camp Director, Starla Windsor-Chambers.

This summer, campers and volunteers will have the opportunity to use CampDoc.com, an electronic health record system for camps that will help us consolidate and integrate applicant health information into a centralized and secure location. Their system will give camp medical staff instant access to camper and volunteer health information, a key component in providing quality patient care. The security, confidentiality and privacy of your personal health information will always be protected. Only CHF's health staff will have access to your health information, and the CampDoc.com site is secure, encrypted and password protected. Please contact Starla Windsor-Chambers at the number listed below for more information, questions, or concerns regarding CampDoc.com.

Please complete the attached/enclosed application and mark your calendar! **Applications are due by Friday, May 19, 2017.** Once your completed application has been received, the Camp Director or Assistant Camp Director will contact you to schedule an interview (new applicants only). **Please see the checklist on the next page regarding all requirements for completed volunteer applications.**

Thank you for your interest in volunteering with Camp High Five. Please check our website, www.heroforchildren.org, for additional, general information about our camp. If you have any questions, comments, suggestions, or ideas, please feel free to contact the Assistant Camp Director at the H.E.R.O. office number, (470)-321-3102, or at swindsor@heroforchildren.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Donna M. Drakes".

Donna M. Drakes
Executive Director

H.E.R.O. for Children, Inc.
580 West Crossville Rd, Suite 204
Roswell, GA 30075
(470) 321-3102
www.heroforchildren.org

COMPLETED CAMP HIGH FIVE APPLICATIONS INCLUDE:

- Completed application
- Complete inquiry authorization (background check) release form
- TB skin test, completed since June 17, 2016
- Immunization record
- Mandated reporting training (details to follow)



CAMP HIGH FIVE

Volunteer Application 2017

Summer Camp for HIV-affected Children

Camp Dates: June 17 – June 23, 2017

Application Deadline: May 19, 2017

PERSONAL INFORMATION				
Last Name		First Name		Middle Initial
Date of Birth	Age		Gender	
Street Address				
City		State	Zip	County
Cell Number		Home Number		Work Number
Email Address (please ensure accuracy of email address, as this is our primary means of communication for all camp information.)				
Occupation			Title	
Employer				
Employer Street Address				
City		State	Zip	Phone Number
Driver's License Number				State
Emergency Contact		Relationship		Phone Number
Vegetarian Diet <input type="checkbox"/> Yes <input type="checkbox"/> No		T-shirt Size <i>Adult</i> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL		
Do you speak any language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which language(s)?				
Position for which you are applying <input type="checkbox"/> Cabin Counselor <input type="checkbox"/> Clinic Staff <input type="checkbox"/> Other _____				
Check the activities in which you have some experience or interest				
<input type="checkbox"/> arts/crafts	<input type="checkbox"/> archery	<input type="checkbox"/> horseback riding	<input type="checkbox"/> ropes course	
<input type="checkbox"/> swimming	<input type="checkbox"/> fishing	<input type="checkbox"/> canoeing/boating	<input type="checkbox"/> kayaking	
<input type="checkbox"/> hiking	<input type="checkbox"/> hiking	<input type="checkbox"/> general sports	<input type="checkbox"/> tent camping	
<input type="checkbox"/> cooking	<input type="checkbox"/> painting	<input type="checkbox"/> pottery	<input type="checkbox"/> drama	
<input type="checkbox"/> dance	<input type="checkbox"/> clowning	<input type="checkbox"/> music	<input type="checkbox"/> nature studies	
<input type="checkbox"/> videos	<input type="checkbox"/> computers	<input type="checkbox"/> storytelling	<input type="checkbox"/> biking	
<input type="checkbox"/> other (list)				

EDUCATION		
High School/GED Completion Date		
College Name	Years Attended/Graduation Date	
Major	Degree	
College Name	Years Attended/Graduation Date	
Major	Degree	
Other Schooling/Formal Training/Internships (including dates, licenses, degree or certifications [e.g. CPR, WSI, etc.]).		
WORK EXPERIENCE (Add sheets if necessary. Start from current position. Include all camp jobs and any military experience.)		
Employer		Position
Address		
Phone	Fax	Supervisor Name
Employment Dates		Reason for Leaving
Employer		Position
Address		
Phone	Fax	Phone
Employment Dates		Reason for Leaving
VOLUNTEER/COMMUNITY SERVICE EXPERIENCE (Add additional sheets, if necessary.)		
Organization		Position
Address		
Phone	Fax	Supervisor Name
Nature of Work		
Dates		Reason for Leaving
REFERENCES (Please provide at least two references that are not related to you.)		
Name	Nature of relationship	Known Since
Email	Phone	
Name	Nature of relationship	Known Since
Email	Phone	

GENERAL INFORMATION (Please explain any "yes" answers on a separate sheet.)	
Have you ever been convicted of a felony? (A prior conviction will not automatically bar you from participating in Camp High Five's activities.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime in which a child was the victim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been charged with any crime related to the mistreatment, abuse, or molestation of children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you object to being fingerprinted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you abuse alcohol or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to be drug tested (in the event of an incident or under reasonable suspicion)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List other names by which you are known (if any).	
Please answer the following questions in the space allotted.	
Why do you want to work with HIV-affected children?	
What experiences have helped prepare you for working at Camp High Five (include camp experience)?	
What are your most important qualifications for the job?	
List any additional experience you have working with children/youth?	
Are there any reasons why you may have difficulty performing any of the essential functions of the job for which you are applying (i.e. physical or medical conditions)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
Have you ever been hospitalized for mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
How did you hear about Camp High Five?	

CAMP HIGH FIVE COUNSELOR CONTRACT

If selected as a volunteer for Camp High Five, I agree with the following: I hereby authorize you to contact my references. I understand that this is an application only, and is not a guarantee of a position. I agree to be familiar with and abide by the policies of Camp High Five, including those listed in the Staff Manual.

Camp High Five strives to accept volunteers who are role models for the children. In keeping with this, **smoking will only be allowed in designated areas**. Staff will only be permitted to smoke upon completion of nightly counselor duties. We trust that you will understand this policy.

Camp High Five has permission to use my image or voice recording in print/film/video for use in any advertisement or promotion concerning Camp High Five. Such use includes, but is not limited to, any advertisement or promotion on television, radio, newspaper, magazine, promotional film/flier, etc.

I acknowledge that certain activities at Camp High Five have an increased risk of injury. I assume full responsibility for my safety. I agree to release and indemnify H.E.R.O. for Children, Inc. (H.E.R.O.)/Camp High Five, its corporate entity and all of its officers, directors, agents, representatives, employees, volunteers, sponsors and donors from any claims, costs, expenses, and/or damages which I may sustain or incur by joining in such activities, unless restrictions for such activities are noted by me or my medical provider.

I understand that I must supply the camp with updated medical information (including prescribed medications) prior to the onset of camp.

I agree to report to Camp High Five Administration any accident or injury at the time of the incident. In case of medical and/or surgical emergency, I authorize Camp High Five's medical staff to render to me or to arrange for me to receive any x-rays, anesthetic, medical, dental or surgical diagnosis, surgery, or treatment and hospital care which is deemed advisable to and is to be rendered under the supervision of any duly licensed medical provider (physician, dentist, surgeon, certified nurse practitioner, physician's assistant). I agree that any medical emergency is my responsibility.

I agree that any of my medical records or other personal health information in the possession Camp High Five may be released, as necessary, for me to receive emergency medical treatment or referral for emergency medical treatment while at camp, or for insurance purposes associated with such emergency medical treatment.

In addition, I understand that if I am based in Atlanta, I will be expected to attend a one-day staff training, to be held at a location and time TBA (additional trainings will be offered in other cities- dates to be determined), as well as online training about child abuse (details to come).

Camp will be held from Sunday, June 18 – June 23, 2017. Excluding emergency situations, I agree to arrive at camp on Saturday, June 17, 2017 and attend camp through the end of the session (except as designated by the Camp Director or Assistant Camp Director).

Any falsification, misrepresentation, or incompleteness in this disclosure is, alone, grounds for disqualification or termination. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application. All information is correct so far as I know. I acknowledge that I have read and understand and accept all terms and conditions listed above.

Printed name:

Signature:

Date:

H.E.R.O. for Children, Inc./Camp High Five is an Equal Opportunity Employer. All applicants are screened without regard to age, race, creed, national origin, sexual orientation, ethnic background or medical condition.

CAMP TWIN LAKES, INC.
RELEASE, WAIVER, INDEMNIFICATION AND HEALTH AFFIRMATION

By signing this Release, Waiver, Indemnification and Health Affirmation below, I intend to be legally bound hereby, for myself, my heirs, executors, administrators, successors, and assigns, and in consideration of Camp Twin Lakes, Inc.'s ("CTL") permitting me to attend and participate in activities at CTL's facility ("Camp Will-A-Way"), I hereby release and forever discharge CTL and any of its officers, directors, employees, and agents from and against any and all damages of any kind whatsoever arising out of any injury, illness, infirmity, disease, or loss of any kind, personal or property, to me during or related to my attendance at a camp at Camp Will-A-Way. I understand and certify that my participation in H.E.R.O./Camp High Five ("User Group") and its activities at Camp Will-A-Way is completely voluntary and I have familiarized myself with H.E.R.O./Camp High Five's program and activities at Camp Will-A-Way in which I will be participating. I recognize that certain hazards and dangers are inherent in H.E.R.O./Camp High Five's activities and programs, and I acknowledge that CTL cannot ensure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize, to the extent that I will be attending and participating in activities at Camp Will-A-Way, the importance of knowing and abiding by the rules, regulations, and procedures for H.E.R.O./Camp High Five's camp at Camp Will-A-Way. I also agree to defend, indemnify and hold CTL and its officers, directors, employees, and agents harmless from and against any and all damages, costs, claims, demands actions or causes of action sustained by any other person as a result of my participation at Camp Will-A-Way, whether caused, in whole or in part, by the negligence of CTL, its officers, directors, employees or agents; provided, however, that this provision shall not operate to require indemnification for any gross negligence or willful misconduct of CTL. Further, I attest that my health insurance will cover any medical and hospital expenses that I incur, and that I have received approval from a doctor authorizing me to participate in at least some of the activities at Camp Will-A-Way. I further agree to inform H.E.R.O./Camp High Five of activities in which I am not to participate.

I have read and hereby accept the conditions described above. As an adult applicant, I also give permission for myself to be treated by a doctor, if needed.

Signature: _____ Date: _____

CAMP TWIN LAKES, INC.
RELEASE AND WAIVER OF COPYRIGHT AND OTHER USAGE RIGHTS

By signing the Release and Waiver of Copyright and Other Usage Rights below, I intend to be legally bound thereby, for myself, my executors, administrators, successors, and assigns, acknowledging that Camp Twin Lakes, Inc., ("CTL") has the right to photograph and/or videotape my participation in activities at CTL's facility, and that CTL has the right to use photographs or other images of me in public relations activities and promotional materials including, but not limited to, videotapes, pamphlets, and brochures. I further acknowledge that CTL shall have all rights of copyright in and to such photographs and videotapes, and may exploit such copyright fully. I release and waive all rights and interests in and to such materials.

I have read and hereby accept the conditions described above. As an adult applicant, I also give permission for myself.

Signature: _____ Date: _____



CAMP TWIN LAKES, INC. REPORTING AND SUBSTANCE TESTING POLICY

By signing below, I affirm my understanding that H.E.R.O./Camp High Five shall be responsible for and shall immediately notify Camp Twin Lakes (CTL) in writing, upon H.E.R.O./Camp High Five or any of its parties, volunteers or staff members first learning of any inquiries, indictments, warrants, notices or investigations by any governmental authority or law enforcement organization, including, without limitation, the Department of Family and Children’s Services, or any third party claims or demands, relating to any actual or alleged activities, incidents or injuries occurring on, about, near, or relating in any way to the Camp Facilities or CTL, regardless of parties involved. Any breach of this covenant is a material breach of this Agreement.

I also understand that H.E.R.O./Camp High Five represents and warrants to CTL that H.E.R.O./Camp High Five has a drug screening policy in place that includes H.E.R.O./Camp High Five being required to cause any of its parties, volunteers and staff members to be subjected to prompt drug and substance screening and testing if an incident relating to drugs or substance abuse occurs, or if drug or substance abuse is reasonably suspected by H.E.R.O./Camp High Five or CTL (collectively, the “Screening Standard”). H.E.R.O./Camp High Five shall strictly adhere to the Screening Standard. Additionally, CTL may separately request for H.E.R.O./Camp High Five to perform such a screening as a condition precedent for any H.E.R.O./Camp High Five party or any volunteer or staff member to be present on the Camp Facilities or participate in any activities related to the Camp Facilities. Any failure of any such test shall result in that person not being allowed on or about the Camp Facilities, and any failure by H.E.R.O./Camp High Five to strictly adhere to the Screening Standard or the provisions of this section is a material breach of this Agreement.

I have read and hereby accept the conditions described above. As an adult applicant, I also give permission for myself to be treated by a doctor, if needed.

Signature: _____

Date: _____

CAMP TWIN LAKES LIABILITY AND RELEASE FORM

A. This agreement must be read and signed for you to be eligible to attend **H.E.R.O. for Children, Inc. (H.E.R.O.)/Camp High Five at Camp Twin Lakes.**

Your Name: _____

I. PARTICIPATION CONSENT

I understand and certify that my participation in H.E.R.O./Camp High Five and its activities at Camp Twin Lakes is completely voluntary. I have familiarized myself with the H.E.R.O./Camp High Five program and activities at Camp Twin Lakes in which I will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but are not limited to, the activities of horseback riding, high and low elements ropes courses, swimming, archery, gardening, cooking, biking, sports, and boating. I acknowledge that although H.E.R.O./Camp High Five and Camp Twin Lakes have taken safety measures to minimize the risk of injury to camp participants, H.E.R.O./Camp High Five and Camp Twin Lakes cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize the importance of knowing and abiding by the rules, regulations, and procedures for H.E.R.O./Camp High Five at Camp Twin Lakes. Further, I have received approval from a doctor authorizing me to participate in the H.E.R.O./Camp High Five activities at Camp Twin Lakes. I also agree to inform H.E.R.O./Camp High Five of any activities in which I may not participate.

II. LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur during camp activities, and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks, and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge H.E.R.O./Camp High Five and Camp Twin Lakes, and any of their officers, directors, employees, partners, shareholders, board members, servants, agents and assigns from and against all claims, causes of action, damages, losses and/or expenses arising out of or relating to any injury, illness, or loss of any kind, known or unknown, including, but not limited to, injuries to property or person, to me during or related to my attendance at H.E.R.O./Camp High Five at Camp Twin Lakes.

III. MEDIA RELEASE

I give H.E.R.O./Camp High Five and Camp Twin Lakes the right to interview and/or to take photographs, audio or audio-visual recordings of me to be used in promotional, educational or fundraising materials including, but not limited to, videotapes, pamphlets and brochures. I understand my name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. H.E.R.O./Camp High Five and Camp Twin Lakes shall have the right to use photographs or other images of me in promotional, educational or fund-raising materials. I acknowledge that H.E.R.O./Camp High Five or Camp Twin Lakes shall have all rights of copyright in and to such photographs and videotapes, and may use such copyright fully. I also hereby release H.E.R.O./Camp High Five and Camp Twin Lakes and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by H.E.R.O./Camp High Five and Camp Twin Lakes. In addition, I waive all rights, interests or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes.

IV. DISPUTES

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Atlanta, Fulton County, Georgia. The arbitration shall be administered by JAMS and conducted before a single arbitrator in accordance with the JAMS Rules. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including, but not limited to, any claim that all or any part of this contract is void or violable.

Signature: _____

Date: _____



CAMP HIGH FIVE CONFIDENTIALITY AGREEMENT

I recognize the importance of maintaining the confidentiality of specific and HIV-related information of campers and families that participate in the programs of H.E.R.O./Camp High Five. I do hereby agree that I will not divulge any confidential camper/family information to other campers or their families, or to persons that are not affiliated with H.E.R.O./Camp High Five.

I also understand that all families have authorized release of medical information in order to provide optimal care for their child(ren) while participating in H.E.R.O./Camp High Five camping programs. ***Confidential medical information should be shared only to the extent minimally necessary and reasonable to provide for the safety and proper treatment of an individual camper.***

I understand that complete camper information may be divulged to appropriate personnel affiliated with H.E.R.O./Camp High Five, as determined by the Camp Director, Assistant Camp Director, Medical Director, Executive Director, Chairman of the Board of Directors, or his/her designee. If any issue, question or problem arises with respect to any specific request for camper information, I will immediately contact one of the aforementioned individuals.

I understand that I am prohibited from posting any photograph of a child attending camp in any public place or on social media. I agree to keep all personal photographs for my personal use. Distribution to any person or company for marketing is prohibited.

I understand the importance of maintaining strict confidentiality for campers/families with the HIV or AIDS disease. Finally, I understand that if I violate the terms of this agreement, I will be asked to terminate my involvement with H.E.R.O./Camp High Five without the option for return.

Signature: _____

Date: _____

Printed Name: _____

H.E.R.O. for Children, Inc.
Camp High Five
580 West Crossville Rd, Suite 204
Roswell, GA 30075
P: (470) 321-3102
F: (470) 321-3106
www.heroforchildren.org



CAMP HIGH FIVE 2017 VOLUNTEER APPLICATION BACKGROUND INQUIRY AUTHORIZATION RELEASE

In connection with my application to volunteer with Camp High Five in 2017, I understand and agree that H.E.R.O. for Children, Inc. will request information from various federal, state, county and other agencies, including public and private sources, which maintain records concerning my criminal background.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This authorization is valid for any consumer report requested in reference to my criminal record during the 2017 calendar year. This release is valid for all federal, state, county and local agencies and authorities. I understand that I have the right to make a written request within a reasonable period of time for the complete and accurate disclosure of information concerning the nature and scope of the investigation.

Print **FULL** Name (including middle name):

Social Security Number: _____

Date of Birth: _____

Driver's License #: _____

State: _____

Current Street Address: _____

City, State, and Zip Code: _____

List Previous Addresses for the Past Five (5) Years:

Street Address:

City, State and Zip Code:

Signature: _____

Date: _____