



# CAMP HIGH FIVE

## Volunteer Application 2020

Summer Camp for HIV Affected Children

**Camp Dates: June 20-June 26, 2020**

**Application Deadline: MAY 22, 2020**

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"/> canoe/boating	<input type="checkbox"/> kayaking	
<input type="checkbox"/> hiking	<input type="checkbox"/> biking	<input type="checkbox"/> 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"/> other (list)	

<b>EDUCATION</b>		
High School/GED Completion Date		
College Name	Years Attended/Graduation Date	
Major	Degree	
College/University Name	Years Attended/Graduation Date	
Major	Degree	
Other schooling/formal training/internships (including dates, licenses, degree or certifications [e.g. CPR, WSI, etc.]).		
<b>WORK EXPERIENCE</b> (Add sheets if necessary. Start from current position. Include all camp jobs and any military experience.)		
Employer	Position	
Address		
Phone	Fax	Supervisor's Name
Employment Dates	Reason for Leaving	
Employer	Position	
Address		
Phone	Fax	Supervisor's Name
Employment Dates	Reason for Leaving	
<b>VOLUNTEER/COMMUNITY SERVICE EXPERIENCE</b> (Add additional sheets, if necessary.)		
Organization	Position	
Address		
Phone	Fax	Supervisor's Name
Nature of Work		
Dates	Reason for Leaving	
<b>REFERENCES</b> (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	

<b>GENERAL INFORMATION</b> (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).	
<b>Please answer the following questions in the space allotted.</b>	
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?	

<b>MEDICAL INFORMATION</b>			
Last Name	First Name	Middle Initial	
Physician's Name		Physician's Phone Number	
<b>Emergency Contact</b>			
Name		Relationship	
Address			
Home Number	Work Number	Cell Number	
<b>Health and Accident Insurance</b>			
Company			
Address			
ID Number		Group Number	
<b>Please check any conditions of which we should be aware:</b>			
<input type="checkbox"/> Hay fever	<input type="checkbox"/> Asthma	<input type="checkbox"/> Seizures	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Describe any current health conditions requiring medication or treatment.			
List any medications taken regularly.			
<b>Allergies:</b>			
Medications:      ___ No    ___ Yes    Describe:			
Foods:                ___ No    ___ Yes    Describe:			
Environmental        ___ No    ___ Yes    Describe:			
(i.e. bee stings, Latex, etc.)			
List any restrictions or limitations.			
Describe any recent injuries or surgeries.			
List any dietary restrictions.			
Vegetarian <input type="checkbox"/> Yes <input type="checkbox"/> No			

## CAMP HIGH FIVE 2020 – COUNSELOR CONTRACT

*If selected as a volunteer for Camp High Five, I agree to the following: I hereby authorize Camp High Five management 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 we serve. 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.*

*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./Camp High Five, Camp Twin Lakes, their corporate entities and all of their 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 Camp High Five management 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, anesthetics, medical, dental or surgical diagnoses, 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 (i.e. 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 I will be expected to attend a one-day staff training, to be held at a location and time TBA, as well as complete online training about child abuse (details to come).***

***Camp will be held from Sunday, June 21 – Friday, June 26, 2020. Excluding emergency situations, I agree to arrive at camp on Saturday, June 20, 2020 and attend camp through the end of the session (except as designated by the Assistant Camp Director).***

*I understand that 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 as far as I know. I acknowledge that I have read, 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. REPORTING AND SUBSTANCE TESTING POLICY**

By signing below, I affirm my understanding that H.E.R.O. for Children, Inc. (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. 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 me to be treated by a doctor, if needed.**

Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

# H.E.R.O. FOR CHILDREN/CAMP HIGH FIVE/CAMP TWIN LAKES LIABILITY AND RELEASE FORM

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.**

Name: \_\_\_\_\_

I. PARTICIPATION CONSENT I understand and certify that my participation in the activities at Camp Twin Lakes is completely voluntary. I have familiarized myself with the H.E.R.O. for Children, Inc. (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, horseback riding, archery, gardening, cooking, biking, sports, lake swimming, 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 the H.E.R.O./Camp High Five program at Camp Twin Lakes. Further, I attest that my health insurance will cover any medical and hospital expenses that I incur and I have received approval from a doctor authorizing me to participate in 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. I understand and agree that I will be in an environment that involves elements related to nature, camping or community living, such as insects and insect bites, sun exposure, or communicable illnesses.

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 the H.E.R.O./Camp High Five program at Camp Twin Lakes.

III. MEDIA RELEASE I do \_\_\_ I do not \_\_\_ 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 promotion, 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. I acknowledge that as an adult, I have legal authority to sign this form.

IV. PROGRAM AND OUTCOMES EVALUATION I do \_\_\_ I do not \_\_\_ give H.E.R.O./Camp High Five and Camp Twin Lakes permission to survey me in confidential and voluntary program evaluation at Camp Twin Lakes. I understand that my name will not be used in conjunction with surveys and the data collected will be used to improve programming at H.E.R.O./Camp High Five, Camp Twin Lakes and other camps and programs.

V. 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.

Adult Signature \_\_\_\_\_

Date \_\_\_\_\_



## CAMP HIGH FIVE 2020 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. for Children, Inc. (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 Assistant Camp Director, Camp Director, Medical Director, H.E.R.O. Executive Director 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 HIV 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  
(470) 321-3102  
www.heroforchildren.org





## CAMP HIGH FIVE 2020 VOLUNTEER APPLICATION INQUIRY AUTHORIZATION RELEASE

In connection with my application to volunteer with Camp High Five in 2020, 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 individuals' criminal backgrounds.

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 2020 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 this investigation.

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

\_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_

State \_\_\_\_\_

Current Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

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

Address

City, State, and Zip Code

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_