



CAMP
HIGH FIVE

January 2009

Dear Prospective Camp Staff,

Enclosed is an application to volunteer as a counselor for Camp High Five. Our summer camp will be held June 27-July 3, 2009 at Camp Twin Lakes. Please complete the enclosed application ASAP.

We will be using the Camp Twin Lakes at Will-a-way facility in Winder, GA. Camp Twin Lakes has recently renovated this state park. We will have the whole camp to ourselves!

All staff will be expected to complete a daylong staff training on Saturday, June 6, 2009 at the Camp Sunshine House on Clairmont Road in Decatur, GA. All volunteers are expected to stay at camp for the duration of the session, unless authorized by the camp director.

In addition, check out our website for some general information about our camp. I will contact you to set up an interview. Camp planning is already well underway. We are anticipating the best camp yet!

I look forward to hearing from you. Please contact me if you have any questions, suggestions or ideas.

Sincerely,

Bonnie Minter
Camp Director

Camp High Five, Inc.
3130 Vista Brook Drive, Decatur, GA 30033
phone: (404) 616-9809*fax (404) 616-9898
www.camphighfive.org



CAMP HIGH FIVE
Volunteer Application 2009
Summer Camp for HIV Affected Children
June 27-July 3, 2009

PERSONAL INFORMATION

Completed application due _____
Name _____ Sex M F Birthdate _____
Address _____ Social Security Number _____
_____ Day phone _____
email address _____ Evening phone _____
Occupation _____ Title _____
Employer _____
Employer Address _____
Driver's License # _____ State _____
Emergency Contact: _____ Relationship _____ Phone _____

Please attach a clear copy of your driver's license (or other photo ID)

What size tee shirt do you wear? Adult S M L XL XXL 3X

Vegetarian Diet Requested? Yes or No

Do you speak any language other than English? Yes ___ No ___ Which _____

Position for which you are applying:

___ Cabin counselor ___ Clinic staff ___ Other

Circle activities in which you have some experience or interest:

Arts/crafts	archery	horseback riding	ropes course	swimming
fishing	canoe/boating	kayaking	hiking	sports
tent camping	cooking	painting	pottery	drama
dance	clowning	music	nature studies	videos
computers	storytelling	biking	other (list below)	

Education

High School/GED completion: _____

College: Name _____ Years attended/graduation: _____

Major _____ Degree _____

Name _____ Years attended/graduation: _____

Major _____ Degree _____

Other schooling/formal training/internships (include dates, licenses, degree or certifications-CPR,WSI,etc)

Work Experience (add sheets if necessary. Start from current position; include all camp jobs and any military service)

1) Employer's name _____ Your position _____

Address: _____

Phone: _____ Fax: _____ Supervisor's name _____

Employed from: _____ to _____ Reason for leaving _____

2) Employer's name _____ Your position _____

Address: _____

Phone: _____ Fax: _____ Supervisor's name _____

Employed from: _____ to _____ Reason for leaving _____

Volunteer and Community Service Experience:

1) Organization's name: _____ Your position _____

Address: _____

Phone: _____ Fax _____ Supervisor's Name _____

Nature of work: _____

From: _____ to _____ Reason for leaving _____

2) Organization's name: _____ Your position _____

Address: _____

Phone: _____ Fax _____ Supervisor's Name _____

Nature of work: _____

From: _____ to _____ Reason for leaving _____

References: (please provide at least two references, not related to you)

1) Name: _____ Nature of relationship _____ Known since _____

Address: _____ Phone: _____

2) Name: _____ Nature of relationship _____ Known since _____

Address: _____ Phone: _____

General Information: (please explain any "yes" answers on a separate sheet)

Have you ever been convicted of a felony? Yes ___ No ___
(A prior conviction will not automatically bar you from participating in Camp High Five's activities)

Have you ever been convicted of a crime in which a child was the victim? Yes ___ No ___

Have you ever been charged with any crime related to the mistreatment, abuse, or molestation of children? Yes ___ No ___

Would you object to being fingerprinted? Yes ___ No ___

Do you abuse alcohol or drugs: Yes ___ No ___

List other names by which you are known: _____

Please type/print answers to the following questions in the space allotted:

Why do you want to work with HIV affected children? _____

What experiences have helped prepare you for this? (include camp experiences)

What do you feel are your most important qualifications for the job? _____

List any additional experience you have had working with children/youth: _____

Are there any reasons you may have difficulty in performing any of the essential functions of the job for which you have applied (ie physical or medical conditions)? Yes ___ No ___ If "yes", please explain:

Have you ever been hospitalized for mental illness? If so, when: _____

How did you hear about Camp High Five? _____

Please forward the completed application to:
Camp High Five, 3130 Vista Brook Drive, Decatur, GA 30033

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 meetings. 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 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 Administrative Office 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-ray's, 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 of 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 day-long staff training to be held on Saturday, June 6, 2009 at the Camp Sunshine House in Decatur.

Summer camp will be held June 27-July 3, 2009. Excluding emergency situations, I agree to arrive at camp at the designated time and attend camp through the end of the session (except as designated by the 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.

Signature _____ Date _____

Camp High Five is an Equal Opportunity Employer. All applicants are screened without regard to age, race, creed, national origin, 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 minor children, my wards, my heirs, executors, administrators, successors, and assigns, and in consideration of Camp Twin Lakes, Inc.'s ("CTL") permitting me/my child/my ward 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/my child/my ward during or related to me/my child/my ward's attendance at a camp at Camp Will-A-Way. I understand and certify that me/my child/my ward's participation in Camp High Five ("User Group") and its activities at Camp Will-A-Way is completely voluntary and I have familiarized myself with Camp High Five's program and activities at Camp Will-A-Way in which I/my child/my ward will be participating. I recognize that certain hazards and dangers are inherent in 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 and have instructed me/my child/my ward, to the extent my child or ward will be attending and participating in activities at Camp Will-A-Way, in the importance of knowing and abiding by the rules, regulations, and procedures for Camp High Five's camp at Camp Will-A-Way. I also agree to defend, indemnify and hold CTL and its officers, directors, employees, 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 me/my child's/my ward's 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/my child/my ward incur and that I have received approval from a doctor authorizing me/my child/my ward to participate in at least some of the activities at Camp Will-A-Way. I further agree to inform Camp High Five of activities in which I/my child/my ward is not to participate.

I have read and hereby accept the conditions described above. As an adult applicant, or the legal guardian of a minor applicant, I also give permission for myself (or the minor child or ward) to be treated by a doctor if needed.

Adult signature _____ Date: _____

Name of Minor Child or Ward (if applicable): _____

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 minor children, my wards, my heirs, executors, administrators, successors, and assigns, acknowledging that Camp Twin Lakes, Inc., ("CTL") has the right to photograph and/or videotape me/my child's/my ward's participation in activities of CTL's facility and that CTL has the right to use photographs or other images of me/my child/my ward 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, or the legal guardian of a minor applicant, I also give permission for myself (or the minor child or ward).

Adult signature _____ Date: _____

Name of Minor Child or Ward (if applicable): _____

Camp High Five, Inc. 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 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 Camp High Five.

I also understand that all families have authorized release of medical information in order to provide optimal care for their child while participating in 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 Camp High Five, as determined by the camp director, medical director, President 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 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 Camp High Five without the option for return.

Signature _____ Date _____

Printed Name _____

Camp High Five 2009 STAFF MEDICAL INFORMATION

Name _____

Physician's Name _____ Physician's Phone _____

Emergency Contact

Name _____ Relationship _____

Address _____

Phone (H) _____ (W) _____

Health and Accident Insurance:

Name of company: _____

Address: _____

Phone: _____ Group No. Certificate: _____

Allergies _____

Please circle any conditions of which we should be aware:

Hay fever Asthma Seizures Heart Defect/Disease _____

Hypertension Diabetes Other _____

Describe any current health conditions requiring medication or treatment:

List any medications taken regularly: _____

Date of last Tetanus shot: _____

List any restrictions or limitations: _____

Describe any recent injuries or surgeries:

Diet restrictions: _____

TUBERCULOSIS SCREENING

ppd Date _____ Result _____

or

Chest x-ray Date _____ Result _____

This is an absolute requirement for camp attendance. Children who are HIV positive are at high risk for acquiring TB. **If you have not had a TB skin test since June 30, 2008, you should have it repeated prior to camp this summer.** If you have had a positive reaction previously, please list your last negative chest x-ray. Your local doctor or health department should be able to perform this procedure at minimal cost. We will also have this service available to you at staff training.

F.A.C.T.S.SM

A Registered Service Mark of Human Assets South, Inc.

I hereby authorize CAMP HIGH FIVE, Inc, HUMAN ASSETS SOUTH, INC. and/or any of their authorized agents to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency. I hereby release CAMP HIGH FIVE, HUMAN ASSETS SOUTH and any of their authorized agents from any liability, and I knowingly understand and agree that there is no invasion of personal privacy. I understand that my background investigation will be conducted in order to ensure the business standards and practices of CAMP HIGH FIVE and will be held strictly confidential. This authorization, in original or copy form, shall be valid for this and any future reports or updates during my employment with CAMP HIGH FIVE.

Full Printed Name:

_____ (First Name, Middle Name, Last Name)

_____ Print Other Names Used

Street Address:

City, State & Zip Code:

PREVIOUS HOME ADDRESSES:

	<u>Street Address/City/State/Zip</u>	<u>County</u>	<u>From Mo/Yr to Mo/Yr</u>
1.	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____
3.	_____	_____	_____
	_____	_____	_____
4.	_____	_____	_____
	_____	_____	_____

Date of Birth:* _____

Social Security Number: _____

Race: _____

Sex: _____

Signature

Date

* Date of birth information will be used by the consumer reporting agency to try to ensure an accurate investigation. It will not be used in any employment decision. The Age Discrimination in Employment Act prohibits discrimination against person 40 years of age or older.

4582 Atwater Court Suite 10 Buford, Georgia 30518 TEL: 770-614-8900 FAX: 770-614-4447