

Camp Challenge

A program of The Me-One Foundation
STAFF / VOLUNTEER APPLICATION 2009

DEAR VALUED VOLUNTEER APPLICANTS: Thank you for taking the time to complete the following application which will help us determine whether you'll be a good fit as a volunteer helping fulfill the mission of The Me-One Foundation: to enhance the lives of people affected by cancer.

Due to liability and safety reasons we may need to research background information on applicants.

Please know we mean no invasion of privacy; we mean only to protect our campers.

THANK YOU FOR UNDERSTANDING!

PLEASE PROVIDE THE FOLLOWING INFORMATION TO ASSIST US IN THIS PROCESS (ADD ADDITIONAL PAGES IF NEEDED).

APPLICANT FULL NAME

ANY OTHER NAMES USED (I.E. MAIDEN)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

DRIVER'S LICENSE NO.

STATE OF ISSUE

EXP. DATE

CURRENT ADDRESS

CITY

STATE

ZIP

PRIOR ADDRESS (IF AT CURRENT ADDRESS LESS THAN 5 YEARS)

HOME PHONE

WORK PHONE

CELL PHONE

EMAIL

In case of an emergency please contact: _____
NAME/RELATIONSHIP PHONE NUMBER(S)

Please Circle Areas of Interest (Note: we will try but cannot assure placement in your preferred area)

Family Hosts: Family hosts work directly with a camper family or group for an entire weekend commitment. Family hosts are expected to be at camp by 10:00am Friday for setup and stay through mid-afternoon Sunday for clean-up.

Group Facilitators: Men's, Women's & Teen Sharing Groups (please note any licensure)

Spa: Reception Area, Reflexology, Massage, Manicures/Pedicures, Facials, Reiki, Waxing, Hair Cuts, Makeup, Hypnotherapy, Stone Therapy, Other

Childcare: Crafts, music, life-guarding, general watching/caring for kids, entertainment

Entertainment: Please specify _____

Medical Staff: Doctor, Nurse, EMT, CPR Certified, Oncologist

Crafts: Please specify _____

Sports/ Exercise: Frisbee Golf, Hiking, Aerobics, Yoga

Misc: Setup of camp decorations/take down & cleanup/ fundraising/ parking coordinator/ "thank you" committee/art or dance therapy/ other (please specify below): _____

Other: _____

VOLUNTEER EXPERIENCE

Organization & Position	Dates	City, State	Supervisor	Phone#

Have you ever worked or volunteered in a cancer camp before? _____

If yes, what camp and in what capacity? _____

EMPLOYMENT EXPERIENCE

Company & Position	Dates	City, State	Supervisor	Phone#

PERSONAL REFERENCES

Relationship	Years known	City, State	Phone#

Have you ever been convicted of a crime other than a minor traffic violation? yes no

If yes, please explain: _____

How did you hear about camp? _____

What special skills or talents do you have that might be useful at camp? _____

Do you have any special training (i.e. CPR or first aid)? _____ If yes, please describe: _____

Do you have any conditions medical or otherwise that would limit your ability to serve in the role you are applying for? _____

If yes, please explain and offer any suggestions to help us accommodate you at camp _____

Do you have any allergies or are you on any medications? _____ If yes, please describe: _____

Is there any additional information you feel we should know? _____

I understand and agree that this authorization serves as an on-going authorization for The Me-One Foundation to investigate the above information as well as to obtain any further background information and reports (such as criminal and court records) for employment/volunteer purposes relative to any assignment I may be applying for or already have as a The Me-One Foundation Volunteer/Staff Member. By signing below I represent that the aforementioned information is true and correct to the best of my knowledge and that I provide permission for Camp Challenge, The Me-One Foundation or appropriate representatives thereof to research this information. Should information be found to be false, I understand and agree that it is grounds for denial of a position, and/or immediate termination and/or removal from camp or The Me-One Foundation property. Should any of the above information change, I understand that it is my responsibility to notify the appropriate representative of Camp Challenge/The Me-One Foundation (in a timely manner prior to any volunteer functioning). Lastly, I understand that the position I am applying for is strictly a voluntary position with no financial compensation unless clearly stated otherwise. Note: Submission of this application does not assure acceptance as a The Me-One Foundation volunteer.

THANK YOU FOR YOUR INTEREST IN BEING A VOLUNTEER!

APPLICANT PRINTED NAME

APPLICANT SIGNATURE

DATE

PARENT/LEGAL GUARDIAN PRINTED NAME (IF APPLICANT IS A MINOR)

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

RELEASE AND WAIVER OF LIABILITY AND PHOTO RELEASE
PLEASE READ CAREFULLY BEFORE SIGNING

The undersigned on behalf of him/herself, their agents, heirs and representatives hereby releases, waives, discharges and covenants not to sue Camp Challenge, The Me-One Foundation or any of its affiliates, members of its Board of Directors, employees, agents, contractors, volunteers and all other camp personnel whether volunteers or paid staff, (hereinafter referred to as "Releasees") for any and all liability, claims, demands, damages, causes of action, losses, or expenses (including attorney's fees and expenses) to the undersigned and/or to any minor child being signed for, on account of physical, mental, or emotional injury, or death of the person or minor child or to the property of the person or minor child, whether such injury or death be caused by the negligence, gross negligence of the Releasees or otherwise, while the person or minor child participates in Camp. Notwithstanding any other provision of this Release and Waiver, the undersigned also releases The Me-One Foundation, but no other Releasee from any liability whatsoever arising from any injury, damage, or death to the person or minor child where said injury, damage, or death is the result of, or arises from any intentional or criminal conduct upon the part of a Me-One Foundation employee, agent, volunteer, camp counselor, or any other camp personnel.

The undersigned hereby grants Camp Challenge and/or The Me-One Foundation or any of its affiliates, members of its Board of Directors, employees, agents, contractors, volunteers, guests and all other camp personnel, whether volunteers or paid staff, permission to allow, take, release or utilize pictures and/or recordings of an audio or visual nature or both of themselves and/or any minor they are signing for, as deemed appropriate by Camp Challenge and/or The Me-One Foundation for means of public relations, marketing, media or otherwise.

The undersigned hereby releases, waives, discharges and covenants not to sue Camp Challenge nor The Me-One Foundation or any of its affiliates, members of its Board of Directors, employees, agents, contractors, volunteers and all other camp personnel whether volunteers or paid staff for any and all liability, claims, demands, damages, causes of action, losses, or expenses (including attorney's fees and expenses) to the undersigned and/or to any minor child being signed for.

The undersigned further expressly agrees that the foregoing release and waiver is intended to be as broad and inclusive as is permitted by the law of the State of California, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned has read and voluntarily signs the Release and Waiver of Liability and Photo Release and further agrees that no oral representations, statement or inducement apart from the foregoing have been made, and that this Agreement may only be modified by a written document signed by the undersigned and a duly authorized representative of The Me-One Foundation.

APPLICANT PRINTED NAME

APPLICANT SIGNATURE

DATE

PARENT/LEGAL GUARDIAN PRINTED NAME (IF APPLICANT IS A MINOR)

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

Please return this form via fax or mail. Thank you!