



Kids N Cancer Family Camp
Philoptochos Camp Agape NW
July 21-26 2008
PO BOX 65504
University Place, WA 98464
www.campagapenw.org

Dear Potential Camp Agape NW Volunteer,

We are happy that you are interested in serving a volunteer at Philoptochos Camp Agape NW. Camp Agape is one of the most fulfilling and rewarding experiences. In this packet you will find all of the application forms that you need to fill out in order to be considered for counselor, counselor-in-training, kiddie counselor, lifeguard, work crew, or media assistant. If accepted, you will receive the remainder of the information you need to know such as directions, what to pack, and camp themes so that you can pack accordingly.

Acceptance will be granted based on qualifications, experience, recommendation, and if necessary, on a first come first serve basis. Due to unpredictable campers' health, sometimes we don't know if a family is coming until the last minute. To accommodate for increased number of campers we may put some counselors on an "on-call" status and call you as camp is closer.

For the campers safety it is necessary that we obtain your complete medical information and we will be conducting criminal background checks on all volunteers. All Saints Camp policy prohibits medications in cabins or tents. Therefore all medications, vitamins, herbal products and over-the-counter medications need to be turned in to the nurses upon arrival. Medical and criminal information will be kept confidential. All staff and volunteers at Camp Agape NW must comply with HIPPA standards regarding wrongfully disclosing Protected Health Information (PHI).

If you have any questions please contact Wendy at 206 979 9198 or wendy.nicon@seattlechildrens.org or Deb Greer at 406 360 9887 or mtservant@hotmail.com

You will be notified of your acceptance and background check results by June 15th.

Please mail completed application to
Camp Agape NW
c/o Head Counselor Wendy Nicon
20511 79th Ave W
Edmonds, WA 98023

Thank you for your interest,

Wendy Nicon, Camp Agape NW Head Counselor
Deb Greer, Camp Agape NW Director

Philoptochos Camp Agape NW
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Philoptochos Camp Agape NW

Please return by Friday

May 18th

Please call if past due date as there may still be positions available

YOU WILL BE NOTIFIED OF YOUR ACCEPTANCE by June 15th

Please mail completed application to
Camp Agape NW
c/o Head Counselor Wendy Nicon
20511 79th Ave W
Edmonds, WA 98026

Name:

Last

First

Address

Street

City

State

Zip

Male

Female

Birthdate: / /

Best Number to reach you:

Other Phone:

E-mail:

Sleeping preference: Tent Cabin Either

Please list any foreign languages and the level (beginner, intermediate, fluent) at which you can speak:

Language 1: Level: Language 2: Level:

Name of your High School or College: If in College, what is your line of study/degree?

If employed, what is the name of your employer:

If employed, employers address:

Street

City

State

Zip

Employers Phone#

OK to contact employer? Yes No

I am available to arrive at camp at 2:00 Saturday, July 19th for training and set-up and available to stay through Saturday, July 26th for clean up and counselor dinner? Yes No

If NO please explain:

T-Shirt Size: Adult: S M L XL XXL Youth: S M L

I am interested in the following Volunteer Opportunities (must be present the entire week)

All counselors must be 16 years and older and all Counselors in Training must be 15 or older

- | | |
|---|---|
| <input type="checkbox"/> Counselor - Hang out, play and interact with a youth. Possible assignment to train a CIT | <input type="checkbox"/> Work Crew - Assist in the daily set-up of events, serve meals to families, help maintain camp property |
| <input type="checkbox"/> Counselor In Training CIT -work with other counselors, assist work crew, crafts, and provide a watchful eye in the kiddie koral | <input type="checkbox"/> Media Assistant - Assist photographer with shooting & editing video and photographs, assembling slide show, and other audio-visual equipment. |
| <input type="checkbox"/> Kiddie Kounselor – Infant and tots counselor for one or two children age 2 and under | <input type="checkbox"/> Lifeguard - Assist with coordinating of water activities (Include copies of Lifeguard, First Aid, & CPR certification) |

TELL US ABOUT YOURSELF

(This page is not required if you have been a Camp Agape NW volunteer for over 2 years)

Please use additional sheets if necessary

How did you hear about Camp Agape NW? *(not required if you have been a Camp Agape NW volunteer for over 2 years)*

Please describe your journey in the Christian faith. *(not required if you have been a Camp Agape NW volunteer for over 2 years)*

What church, volunteer, work, or other experiences have you been involved in? *(not required if you have been a Camp Agape NW volunteer for over 2 years)*

What interests you about being a part of Camp Agape NW? *(not required if you have been a Camp Agape NW volunteer for over 2 years)*

What expectations do you have for the week? *(not required if you have been a Camp Agape NW volunteer for over 2 years)*

Do you have concerns regarding working with critically ill children and their families? *(not required if you have been a Camp Agape NW volunteer for over 2 years)*

Please tell us about your skills and abilities that you would be able to share at camp (outdoor recreation, singing, playing musical instruments, sports, theater, arts & crafts, dance, water sports, nature education, etc.).

REFERENCES list 2 people who are unrelated and have knowledge of your character, qualifications, experience and ability as a volunteer that we may contact *(not required if you have been a Camp Agape NW volunteer for over 2 years)*

Name	Relationship	E-mail Address	Phone

PHOTO AND INFORMATION RELEASE

I give Camp Agape permission to photograph and use pictures or visual and audio tapes of me in professional and fund raising activities. On occasion, with this permission, participant photographs may be included in a bulletin board, video, newsletter, camp album, or in personal photographs. Yes No

I give Camp Agape permission to provide my name, phone number, and/or address to other staff members for carpooling Yes No



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CAMP AGAPE NW VOLUNTEER HEALTH FORM

For the safety of our campers, you must be healthy in order to attend Camp Agape.

If you have been exposed to a contagious disease or if you feel you are coming down with cold or flu symptoms please don't come to camp until a physician can confirm you are not contagious. Contact Deb Greer ASAP at mobile #406-360-9887 or Wendy at 206 979 9198. If you arrive at camp sick you will most likely be sent home before campers arrive at your expense.

At camp: If you start to feel sick at camp, or are experiencing any symptoms out of the ordinary, you must contact a camp nurse immediately. It may be something simple like exhaustion or allergies, or you may be coming down with something. The medical team will determine what action we need to take.

CONSENT FOR MEDICAL TREATMENT:

Being of legal age; I _____ give my permission to Camp Agape Staff and medical team to obtain medical care on my behalf.

Note to parents or legal guardian: The staff and medical team at Camp Agape Northwest desires the camp experience to be safe and healthy for all participants. In the event of illness or accident every attempt will be made for the parent/guardian to be able to make all medical decisions. However in the event of an emergency in the absence of parent/guardian, Camp Agape staff will obtain medical attention for the volunteer until the parent/guardian can be reached.

Authorization of Treatment: I _____ as the legal guardian/parent hereby give my permission for my child as listed to engage in all prescribed camp activities except as noted. I grant permission to the medical personnel or camp staff to obtain any necessary medical treatment in my absence.

Signature: _____

As our attendance at Camp Agape Northwest is a privilege, I release Camp Agape, including its trustees, employees and agents, from my/ or any member of my families physical injury, including death or illness while at camp, including any camp sponsored travel to and from camp, or camp sponsored activity on or off camp property, in consideration of the privilege.

Signature (Parent/guardian must sign if volunteer is under 18):

Date: _____

CAMP AGAPE NW VOLUNTEER MEDICAL HISTORY

(Use additional sheets if needed)

Name:

Last

First

Address

Street

City

State

Zip

Male Female

Birth date:

Physician's Name:

Physicians Phone #

Emergency Contact Name:

Relationship to you:

Emergency Contact Phone #1:

Emergency Contact Phone #2:

Have you had Chicken Pox? Yes No

Have you had the Chicken Pox (Varicella) Vaccine? Yes No

Have you recently been exposed to someone that had chicken pox? If yes, when was it?

Insurance Information:

Name of policyholder:	Name of insurance company:
ID #	Group #

Medical Information:

Condition:	Describe:	Condition:	Describe:
<input type="checkbox"/> Seizures		<input type="checkbox"/> Bleeding Disorder	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Clotting Disorder	
<input type="checkbox"/> Heart Condition		<input type="checkbox"/> Physical Disabilities	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Other Conditions:	

Medication Information:

Name of Medication/Herb/Vitamin	Dose	Frequency (Times to be taken)	Days to be taken	Other Info

Allergy Information:

<input type="checkbox"/> Hay Fever	Type of Reaction:
<input type="checkbox"/> Insect/Bees	Type of Reaction:
<input type="checkbox"/> Food Allergies	Which foods: Type of Reaction:
<input type="checkbox"/> OTHER	Type of Reaction:

Medication Allergies:

<input type="checkbox"/> No Known Medication Allergies	
<input type="checkbox"/>	Type of Reaction:
<input type="checkbox"/>	Type of Reaction:
<input type="checkbox"/>	Type of Reaction:

Immunization History:

Vaccine	Current	Not Current
DPT (tetanus)	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis (whooping cough)	<input type="checkbox"/>	<input type="checkbox"/>
Measles, Mumps, Rubella	<input type="checkbox"/>	<input type="checkbox"/>
Polio	<input type="checkbox"/>	<input type="checkbox"/>

CRIMINAL HISTORY FOR **WASHINGTON RESIDENTS ONLY**

(If you are from Montana please complete the MT criminal info page, if you are from another state contact us ASAP)

Have you been accused of a crime including, but not limited to abuse, neglect, any sexual offense, assault, mistreatment, or molestation of children and/or adults? Yes No

If yes, provide a full description including convictions, dates, and circumstances.

Have you been convicted of a felony? If yes, please explain:

Have you had any findings made against you in any civil adjudicative proceeding? If yes, please explain:

Have you had both convictions and findings made against you? If yes, please explain:

Do you have an individual living with you that has been convicted of a felony or accused of a crime including, but not limited to abuse, neglect, any sexual offense, assault, mistreatment, or molestation of children and/or adults? If yes, please explain:

Are there any other facts of circumstances in your background or current situation, which would compromise you being trusted with the care of young people? If yes, please explain:

REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD

To preserve the safety of Camp Agape and participants, we run background checks on all volunteers.

Applicant's Name <i>First Middle Name Last</i>			Drivers License # and State <i>License # State</i>	
Date of Birth: _____ / _____ / _____ <i>Month/Day/Year</i>			List all other maiden or alias names:	
Race	Sex	Social Security #		

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. I hereby authorize contact of references and authorize Philoptochos Camp Agape NW to conduct a background check. If accepted, I will abide by the standards set forth by Philoptochos Camp Agape NW.

I, _____, attest that the above statements are true and complete to the best of my knowledge.

X

Signature of Participant or Guardian if under age 18

Date

CRIMINAL HISTORY FOR **MONTANA RESIDENTS ONLY**

(Do not do this page unless you are from Montana)

Directions: please fill out this form and mail it in ALONG WITH A \$10 check and a stamped return envelope to Wendy's address. Please keep a copy of your \$10 check as you will be reimbursed at camp. If you have a background on file with Camp Agape NW from 2007 you do not need complete this. If you are uncertain or have questions please contact Wendy @ 206 979 9198

Mail To:

Montana Criminal Records
PO BOX 201403
Helena MT 59620
(406) 444-3625.

Dear Montana Background Check Department,

I am applying to volunteer at Camp Agape NW, a non for profit camp for children with cancer and their families. This camp is located in Washington State. In order to be accepted as a volunteer, the camp requires a background check. Enclosed you will find a \$10 check and a stamped return envelope addressed to:

Philoptochos Camp Agape NW
c/o Wendy Nikon Head Counselor
20511 79th Ave W
Edmonds, WA 98026

1. My First, middle and last name as well as any alias, or maiden names:

2. My social security number is:

3. My birth date is:

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. I hereby authorize contact of references and authorize Philoptochos Camp Agape NW to conduct a background check. If accepted, I will abide by the standards set forth by Philoptochos Camp Agape NW.

I, _____, attest that the above statements are true and complete to the best of my knowledge.

X

Signature of Participant or Guardian if under age 18

Date