



Kids N Cancer Family Camp  
Philoptochos Camp Agape NW  
PO BOX 65504  
University Place, WA 98464  
**July 21-26, 2008**  
[www.campagapenw.org](http://www.campagapenw.org)

Dear Potential Camp Agape NW Volunteer,

We are happy that you are interested in serving 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 as a volunteer. We will notify you of your acceptance by June 15th. If accepted, you will receive the remainder of the information you need to know such as camp guidelines, directions, what to pack, and camp themes so that you can pack accordingly.

Please submit the following forms:

1. Application form
2. Release and Background Check
3. Health Form
4. Consent for medical treatment


Acceptance will be granted based on qualifications, experience, recommendation, and if necessary, on a first come first serve basis. Please note, volunteers will be placed on a waiting list if that staff category is full. 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 volunteers 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).

**Please complete forms and return to Wendy Nikon by May 18<sup>th</sup>, 2008**  
**You will be notified of your acceptance by June 15th.**

Thank you for your interest,

Sally Hallis Camp Agape NW Volunteer Coordinator  
Wendy Nikon, Head Counselor

	<h2 style="margin: 0;">Philoptochos</h2> <h1 style="margin: 0;">Camp Agape NW</h1>	<p style="margin: 0;">Please return by Sunday  <b>May 18<sup>th</sup>, 2008</b>  <small>*Please call if past due date as there may still be positions available*</small></p>
	<p style="margin: 0;"><b>YOU WILL BE NOTIFIED OF YOUR ACCEPTANCE by June 15th</b></p>	
	<p style="margin: 0;">Mail all completed forms to                  Wendy Nicon                  Camp Agape NW                  20511 79<sup>th</sup> Ave W                  Edmonds, WA 98026</p>	

Name:				
	<b>Last</b>		<b>First</b>	
Address				
	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female      Are you age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> If no, please specify your age:				
Best Number to reach you:			Other Phone	
E-mail:				
Sleeping preference: <input type="checkbox"/> Tent <input type="checkbox"/> Cabin <input type="checkbox"/> Either				
Please list any foreign languages and the level (beginner, intermediate, fluent) at which you can speak.				
Language 1:		Level:	Language 2:                      Level:	

Please list the days you are able to volunteer:	
T-Shirt Size: <b>Adult:</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	<b>Youth:</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L
<b>There will be a \$15 charge per T-shirt for volunteers staying less than 2 days.</b>	

**I am interested in the following Volunteer Opportunities:**

Medical	Chair <input type="checkbox"/>	Member <input type="checkbox"/>
Host/Hostess	Chair <input type="checkbox"/>	Member <input type="checkbox"/>
Fundraising Committee	Chair <input type="checkbox"/>	Member <input type="checkbox"/>
Food/Procurement Committee	Chair <input type="checkbox"/>	Member <input type="checkbox"/>
Food Preparation (health card is required please submit a copy)	Chair <input type="checkbox"/>	Member <input type="checkbox"/>
Dining Room	Chair <input type="checkbox"/>	Member <input type="checkbox"/>
Arts n Crafts	Chair <input type="checkbox"/>	Member <input type="checkbox"/>
Children's Corner (inside the lodge)	Chair <input type="checkbox"/>	Member <input type="checkbox"/>
Decorations	Chair <input type="checkbox"/>	Member <input type="checkbox"/>
Kiddie Koral (outside play area)	Chair <input type="checkbox"/>	Member <input type="checkbox"/>
Milkshake Stand	Chair <input type="checkbox"/>	Member <input type="checkbox"/>
Cafeneo	Chair <input type="checkbox"/>	Member <input type="checkbox"/>
Espresso	Chair <input type="checkbox"/>	Member <input type="checkbox"/>
Snacks	Chair <input type="checkbox"/>	Member <input type="checkbox"/>

If you are applying for Counselor, CIT, Kiddie Kamp, Work Crew, Photographer, or Videographer, Lifeguard, you need to fill out the **counselor application forms**, this packet is not the right one!

Counselor must be 16 years and older (must submit other forms)	Chair <input type="checkbox"/>	Member <input type="checkbox"/>
Counselor-in-Training must be 15 or older (must submit other forms)	Chair <input type="checkbox"/>	Member <input type="checkbox"/>
Kidde Kamp Kounselor -for tots 2 years and younger (must submit other forms)	Chair <input type="checkbox"/>	Member <input type="checkbox"/>
Work Crew (must submit other forms)	Chair <input type="checkbox"/>	Member <input type="checkbox"/>
Photographer or Videographers (must submit other forms)	Chair <input type="checkbox"/>	Member <input type="checkbox"/>
Lifeguard (must submit other forms)	Chair <input type="checkbox"/>	Member <input type="checkbox"/>

**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 address to other staff members for carpooling  Yes  No

**CRIMINAL HISTORY FOR \*\*WASHINGTON\*\* RESIDENTS ONLY**

*(If you are 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: <u>    </u> / <u>    </u> / <u>    </u> <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

**CAMP AGAPE NORTHWEST MEDICAL HISTORY**

Name:

**Last**

**First**

Address

**Street**

**City**

**State**

**Zip**

Male  Female

Birth date DD/MM/YYYY:

Physician's Name and 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 vaccine (Varicella): Yes  No

Have you recently been exposed to Chicken pox? If so, when?

**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)		
Pertussis (whooping cough)		
Measles, Mumps, Rubella		
Polio		



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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. If you arrive at camp sick you will most likely be sent home at your expense. If you have questions about this please call Deb Greer at 406 360 9887

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: \_\_\_\_\_