



RN Volunteer Application
Kids N Cancer Family Camp
Philoptochos Camp Agape NW
July 24-31, 2010

Dear Camp Agape NW Registered Nurse (RN) Volunteer Applicant,

We are happy that you are interested in volunteering at Philoptochos Camp Agape NW, a camp supporting and serving families with children who have a cancer diagnosis. It is a rewarding and exciting week and we are anxious to have you join us. In this packet you will find all of the application forms that you must complete in order to be considered as a volunteer RN. We will notify you of your acceptance by May 31st. 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. We recognize that scheduling is a challenge as Camp is held July 24 – 31, 2010 and this represents peak vacation times for many of you. Campers/families do not arrive until Monday July 26th so you will not be needed until that day. As such we accept applications for full or partial weeks. We will need to know in advance what days you are available and once those dates are determined we have limited flexibility for changes due to the nature of camp activities and a desired nurse to camper ratio.

Please submit the following forms:

1. Application form
2. Health Form/Medical History
3. Release and Background Check

Application Deadline is May 1, 2010.

You are required to have a valid and current Washington State License as a Registered Nurse to be a volunteer at Camp Agape and licensure will be validated via the state board of licensing. We also require that you have current BLS certification in order to be a RN at Camp Agape. Please provide a copy of your BLS card with your application. Acceptance will be granted based on prior volunteer Camp Agape experience, qualifications, recommendation (you do not need a formal letter), and if necessary, on a first come first serve basis. Please note, RN volunteers may be placed on a waiting list if our required numbers are met. 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 contact you as we get closer to our camp dates. If this is not an option for you please note on the application in section for full or partial week volunteerism.

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, prescription, 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).

Saint George is the designated as the nurses/medical cabin. RN volunteers share this cabin. If you have any issues with sharing a cabin please let us know in advance. You have the option of bringing your own tent but we need to plan for space and therefore advanced knowledge is appreciated.

There are many exciting activities at camp such as the “mom’s tea”, arts and crafts, waterfront time, etc. If you have expertise and would like to volunteer in any of these areas please be sure to indicate this on your application and we will see if this request can be accommodated. We cannot have nurses volunteering in another area at the same time they are identified as a nurse.

Please complete forms and return by May 1, 2010 to:

**Mindi Chouinard
1101 North Fife Street
Tacoma, WA 98406**

Thank you for your interest. Please don’t hesitate to contact us with any questions.

Susanne Johnson, RN, BSN Co-Director of Nursing
swasie@yahoo.com

Mindi Chouinard, RN, BSN, OCN® Co-Director of Nursing
melindac@amgen.com



Philoptochos Camp Agape NW

Camp dates: July 24-31, 2010

Please mail completed application to:
Mindi Chouinard @
1101 N. Fife Street
Tacoma, WA 98406



SECTION #1: Application

1. Last Name: _____ First Name: _____ Middle Initial _____

2. Address: _____
_____ City _____ State _____ Zip _____

3. Are you: Male or Female

4. Birthdate: ____ / ____ / ____

5. Primary phone # ____ - ____ - ____ Secondary phone # ____ - ____ - ____

6. E-mail (print legibly) _____

REQUIRED (If you do NOT have an email address, please include a self-addressed stamped envelope for additional correspondence.)

7. How did you learn about Camp Agape NW? If referred by someone, who?

8. Please list any foreign languages you speak, and the level at which you speak them (beginner, fluent, etc):
Language: _____ level: _____
Language: _____ level: _____

9. Are you licensed to practice as a Registered Nurse in the state of Washington? Yes/No

10. Are you current with regard to BLS? Yes/No

11. If yes, when does your BLS expire? _____

12. If not can you obtain current BLS certification prior to Camp Dates? (this is at your own expense)
Yes/No.

13. What is your area of expertise in nursing? (e.g. oncology, pediatrics, med surg, ICU)

14. Where are you currently employed? : _____

Employers Phone# _____-_____-_____ Is it OK to contact employer? Yes No

15. Please indicate your T-shirt Size: Adult: S M L XL XXL
Please note: there will be a \$15 charge per T-shirt for volunteers staying less than 2 days.
16. Please list two other volunteer experiences and the dates which you performed these:
1.
2.
17. Camp Agape NW is run by the Greek Orthodox Church but is offered to families of all faiths and backgrounds. Please describe your personal, religious, or spiritual views as they pertain to your interest in Camp Agape.
18. If you do not have pediatric nursing expertise, please briefly explain your experiences working with children.
19. Do you have any concerns regarding working with critically ill children and their families?
If yes, what are they?
20. Please indicate if you will be volunteering for the full or partial week. If partial please include the dates you plan to volunteer.
21. Please note if you have plans to volunteer for any other activity while at camp. We cannot guarantee these requests.



**Kids N Cancer Family Camp
Philoptochos Camp Agape NW**

July 26-31, 2010

P.O. Box 65504
University Place, WA 98464
www.campagapenw.org

SECTION #II: VOLUNTEER HEALTH FORM AND HEALTH HISTORY

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 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: _____

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

SECTION # III: 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"/>

SECTION # III CRIMINAL HISTORY

FOR **WASHINGTON RESIDENTS ONLY**

*****If you are not from the state of Washington, you must have a background check done and sent to us directly from your state. You may not send it to us yourself. This must be received by April 14*****

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