



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

Dear Camp Agape NW Volunteer Applicant,

We are happy that you are interested in serving as a volunteer at Philoptochos Camp Agape NW. Camp Agape NW 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 all of the available volunteer positions. You must be a minimum of 16 years of age to volunteer at Camp Agape. If accepted, you will receive an email with the remainder of the information you need to know such as directions, what to pack, when to arrive, and camp themes. If you do not have email please include a self addressed stamped envelope and the information will be mailed to you.

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. Because of this factor, to the best of our ability, we will limit the number of counselors to the number of campers. To accommodate for a possible increased number of campers we will accept a few extra counselors. Any excess volunteers will be reassigned to other positions. For those who are not accepted if you are willing you will put on an "on-call" status and we will 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. 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 background information will be kept confidential and all forms will be destroyed at the end of camp. All staff and volunteers at Camp Agape NW must comply with HIPPA standards regarding wrongfully disclosing Protected Health Information (PHI).

It is our intention to select the best possible volunteer crew and to give others exposure to Camp Agape, Prior volunteers are expected to complete an application and have it in on time. Previous volunteer experience does not guarantee admission. If you have any questions please contact Wendy at 206-979-9198 or [campagape@gmail.com](mailto:campagape@gmail.com) or Deb Greer at 406-360-9887 or [deg.greer@hotmail.com](mailto:deg.greer@hotmail.com)

**Applications are due April 14<sup>th</sup> and you will be notified of your acceptance via email by June 1st.**  
**Late or incomplete applications will NOT be accepted.**

Please mail completed application to:

Camp Agape NW  
c/o Head Counselor  
P.O. Box 65504  
University Place, WA 98464

Thank you for your interest,

*Wendy and Lauren*  
Wendy Nikon / Lauren Philips  
Camp Agape NW Head Counselors

*Deb*  
Deb Greer  
Camp Agape NW Director

Philoptochos Camp Agape NW  
PO BOX 65504  
University Place, WA 98464  
[www.campagapenw.org](http://www.campagapenw.org)



# Philoptochos Camp Agape NW

Camp dates: July 24-31, 2010

Please mail completed application to:  
Camp Agape NW  
c/o Head Counselor  
P.O. Box 65504  
University Place, WA 98464



## SECTION #1: TELL US ABOUT YOURSELF

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Are you: Male  or Female

4. Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ What age will you be during camp? \_\_\_\_\_

5. Primary phone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Other 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. If you are in high school or college, what is the name and location of your school?

School: \_\_\_\_\_ location: \_\_\_\_\_

10. If you are currently attending high school you are required to include a sealed transcript of your current grades. Please ask your school to mail this directly to the address listed at the top of this page.

11. Anyone applying to be a counselor, counselor in training, family concierge or lifeguard or a volunteer under age 25, a letter of recommendation is required. Please provide us with one sealed personal, written recommendation from someone other than a parent or relative. This person needs to be a boss, priest, church youth director, or teacher. Please have this letter be oriented around why you will be beneficial to camp. Please have the person providing the recommendation mail it directly to the address listed at the top of this page.

12. If you are employed, what is the name your employer? : \_\_\_\_\_  
Employers Phone# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Is it OK to contact employer?  Yes  No

13. 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.

14. At Camp Agape NW all volunteers sleep in shared tents. Will you need a tent?  Yes  No  
Who do you plan to share a tent with? \_\_\_\_\_  
If you do not have any roommates expect that some will be assigned to you.

15. Please list two other volunteer experiences and the dates which you performed these:  
1.  
2.

16. 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.

17. Briefly explain your experiences working with children.

18. What is your experience with cancer? If none, what experience do you hope to gain by volunteering?

19. What are your concerns regarding working with critically ill children and their families?

20. 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, medical experience relating to pediatric cancer, etc.).

21. **Counselors, CIT, and Family Concierge only:** Please write a one page essay explaining your interest in Camp Agape NW. Why is it important for you to volunteer at this camp? What draws you to working with children with cancer and their families?

(Use this page to write your essay)

## SECTION #II: SELECTING YOUR VOLUNTEERING PREFERENCE

Please be careful when selecting volunteering options. Some jobs require weeklong commitments while others do not. To aid in your decision process we have separated these jobs and included short descriptions. If you have any questions please do not hesitate to ask us.

In the event that there are extra volunteer applicants we will make every effort to reassign volunteers to other positions. Therefore, please select your top 3 jobs and indicate your preference in numerical order: #1 is your most preferred, #2 is your next option etc. For any volunteer position, Camp Agape NW reserves the right to assign a volunteer to a different job that is needed at camp. It is possible that you may not get any of your preferred jobs, and some volunteers may need to be cut if there are too many applicants.

The positions in this first table require a weeklong commitment, from 2:00 Saturday, July 24th through Saturday July 31st 2:00. Do not apply for one of these positions if you cannot attend the entire time.

### Positions with Weeklong Time Commitments

Preference	Job	Job Description
# _____	Counselor	Hang out, play and interact with a youth. Possible assignment to train a CIT. Required to be with your camper from 9 a.m. to 9 p.m. Each day you are required to attend the daily staff meeting at 7:00 am. All counselors must be 17 years and older.
# _____	Counselor In Training (CIT)	Work with other counselors, assist work crew, crafts, and provide a watchful eye in the Kiddie Koral. Required to be with your camper and counselor from 9 a.m. to 9 p.m. Each day you are required to attend the daily staff meeting at 7:00 am. Must be 16 or older.
# _____	Family Concierge	Advocate for families needs and preferences throughout the week. Also oversee the counselors assigned to the children of these families. Required to be available to your families from 9 a.m. to 9 p.m. each day and at daily staff meeting at 7:00 am. <b>Preferred have at least one year of counselor experience.</b>
# _____	Media Assistant	Assist photographer with shooting & editing video and photographs, assembling slide show, and other audio-visual equipment. Required to be available all day long and for long nights of editing and creating the slide show. Must be at daily staff meeting at 7:00 am

I understand that I must be available the entire week, arriving at camp at 2:00 Saturday, July 24 for training and set-up and stay through Saturday, July 31st 2:00 for clean up. I also understand that Counselors, CITS, and family concierges are not allowed to have cars at camp. Those living near Seattle may be asked to ride the camp bus to and from camp.

If asked to do so, I am able to ride the camp bus to camp: YES  NO

If no, then how will you get to and from camp? \_\_\_\_\_

Sign here: \_\_\_\_\_ (If under 18 parent signature is required)

Parent/Guardian: \_\_\_\_\_

### Positions with Flexible Time Commitments

The positions on this page do NOT require a weeklong commitment. However, preference will be given to those who can attend the entire week. Please indicate your availability below and write what time you will arrive and what time you need to leave.

- Entire Week Sat July 24 2:00 - Sat July 31 2:00
- Most of the week: Monday July 26th through Saturday July 31st 2:00
- Reunion Day: Sunday July 25th from 9am to 8pm
- Monday July 26th      Arrival Time: \_\_\_\_\_ to \_\_\_\_\_
- Tuesday July 27th      Arrival Time: \_\_\_\_\_ to \_\_\_\_\_
- Wednesday July 28th      Arrival Time: \_\_\_\_\_ to \_\_\_\_\_
- Thursday July 29th      Arrival Time: \_\_\_\_\_ to \_\_\_\_\_
- Friday July 30th      Arrival Time: \_\_\_\_\_ to \_\_\_\_\_

Preference	Position	Description
# _____	Work Crew	Assist in the daily set-up of events, serve meals to families, help maintain camp property and bathrooms. Required to be available whenever the work crew leaders need help. Must be at daily staff meeting at 7:00 am
# _____	Lifeguard	Assist with coordinating of & supervision at all water activities. Include copies of Lifeguard, First Aid, & CPR certification. Extra Lifeguards are needed on Tuesday and Wednesday for lake days. Must be at daily staff meeting at 7:00 am
# _____	Food Preparation	Requires health card upon arrival at camp. Help prepare, cook and serve meals in the kitchen. A food representative must be at daily staff meeting at 7:00 am. <b>To obtain a food handlers permit please go to <a href="http://www.kingcounty.gov/healthservices/health/ehs/foodsafety/foodworker.aspx">http://www.kingcounty.gov/healthservices/health/ehs/foodsafety/foodworker.aspx</a></b>
# _____	Dining Room/ Decorations	Requires health card upon arrival at camp. Help serve and bus tables. Set up the lodge decorations for the next day. <b>To obtain a food handlers permit please see the website above.</b>
# _____	Arts n Crafts	Help campers create arts and craft projects. Keep Arts n Crafts area cleaned and organized. Arts N Crafts area is open most of the day, closed during meals and during some program times.
# _____	Milkshake Stand, Espresso, and Snacks	Make Milkshakes, make espresso drinks using the Tully's Espresso Cart, setting up and keeping the snack area well stocked and clean all day. Get special requests for snacks from the kitchen if asked. Espresso is open at 6:30 am and closes during staff meetings and meal times. Experience preferred.

**If you are applying to be a part of the medical team, please see website for separate application.**



**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 #III: 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. Contact Deb Greer ASAP at 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: \_\_\_\_\_

**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

**SECTION # III CONTINUED: 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 # IV 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.

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

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

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

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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:

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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:

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**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