



Dear Prospective Volunteer,

Thank you for your interest in volunteering at Camp Laurel. We appreciate the time you are taking out of your busy schedule to learn more about our organization.

Camp Laurel Foundation, Inc. is a registered 501 (C)(3) non-profit organization founded in 1993. Committed to improving the lives of children living with HIV and AIDS, we believe that every child has the right to experience the wonder and joy of childhood. Through our programs we strive to contribute to the development of each child's self esteem, self-awareness and self-fulfillment.

Ensuring the safety of our children is Camp Laurel's number one priority. Keeping that in mind, we trust you will understand the need for the detailed information we request from each applicant. We understand the application process is lengthy and ask for your patience as you are completing the required paperwork. Again, our goal is to ensure the safety of our campers by selecting the most qualified volunteers for our programs.

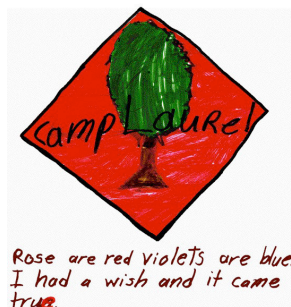
Thank you for taking the first step towards becoming a Camp Laurel volunteer. We truly appreciate your interest in serving children living with HIV/AIDS.

Please contact us at (626) 683-0800 or e-mail our Director of Volunteers, Dana Ruble, at druble@camplareel.org, should you have any questions regarding the application process. You may also visit www.camplareel.org to learn more about our organization.

Please send this application to:

Camp Laurel
75 S. Grand Avenue
Pasadena, CA 91105
Fax: (626) 683-0890

Best regards,
Camp Laurel Staff





Volunteer Medical Staff Job Description
PLEASE READ CAREFULLY

Minimum qualifications:

- LVN, RN, NP, PA or MD with current CA medical license.
- Desire and ability to work with children in the outdoors. Prior experience working with children desirable.
- Have no hesitations about working with children, adolescents or adults with HIV/AIDS.
- Ability to relate to one's peer group and work well with people from diverse backgrounds.
- Ability to accept supervision, guidance and constructive feedback.
- A positive role model for children and peers (exemplary character, good judgment, approachable, etc.)
- Possess enthusiasm, patience.
- At least a high school graduate or equivalent and at least 18 years of age.
- Emotional stability to endure stressful situations and calmly resolve conflict.

Essential Functions:

- Administration of all medication that is prescribed to a camper, volunteer, or staff member by a licensed practitioner. This includes all prescription and over-the-counter medications.
- Assess and provide treatment for acute injuries/illnesses (as allowed by license).
- Participate in activities and evening programs with campers as assigned by Medical Director, including an overnight tent camping trip during Summer Camp.
- Capacity to deal with highly stressful (physically and emotionally) situations with composure.
- Ability to abstain from all phone usage (except in the event of an emergency) for the duration of camp session.

Major Responsibilities:

- Maintain health and safety of all campers and staff.
- Help each camper meet the camp goals, including increased self-esteem.
- Provide guidance and encouragement for camper participation in activities.
- Interact with assigned cabins as assigned.
- Communicate openly with staff to ensure effective resolution of conflicts.
- Participate actively in staff meetings, training, and supervisory conferences.
- Adhere to all of Camp Laurel's policies and regulations.
- Be a positive role model who sets a good example for campers and peers.

Benefits:

- Personal growth and satisfaction.
- Developing sustained friendships with people from diverse backgrounds who share a common goal of wanting to make a positive impact on the lives of children, adolescents and adults living with HIV/AIDS.
- Receive consistent direction, support, supervision and training from professional staff.
- Opportunity to enhance interpersonal communication and leadership skills.

I hereby agree that I have read and understand the above. I do not have any limitations that would hinder my ability to safely perform any of the duties or essential functions of a Camp Laurel volunteer counselor. **Initial** _____



2008 Volunteer Medical Staff Application

Personal Information: <i>Camp Laurel is an Equal Opportunity Organization</i> Please Print Clearly					
Name (Last, First, Middle):				Gender: M _____ F _____	
Current Address (Street, City, State, Zip): <i>Address Valid until:</i>					
Permanent Address (if different from above):					
Email:			SS #: Only used to conduct criminal records checks, as needed		
Phone #:			Cell #:		
Driver's License #:		State:		Expiration Date:	
Please include a clear copy of your photo ID (e.g. driver's license)					
May we release the following to other volunteers and medical staff: Email Address: Yes _____ No _____ Telephone #: Yes _____ No _____ Address: Yes _____ No _____					
Have you ever worked with individuals with HIV/AIDS? Yes _____ No _____ Do you have any hesitations about working with individuals with HIV/AIDS?					
What contributions do you think you can make to children at Camp Laurel? (Use additional sheet if necessary)					
Please check the 2008 camping session(s) you would like to attend:					
Winter Camp: (kids 6-17 and families) <input type="checkbox"/> February 14-18			Summer Camp: Dates Tentative (kids 6-12) <input type="checkbox"/> Full Session: July 5-July 12 <i>or</i> <input type="checkbox"/> 1st Half: July 5-July 9 <i>or</i> <input type="checkbox"/> 2nd Half: July 9-July 12		
Teen Adventure: Dates Tentative (teens 13-17) <input type="checkbox"/> Full Session: August 2-August 9 <i>or</i> <input type="checkbox"/> 1st Half: August 2-August 6 <i>or</i> <input type="checkbox"/> 2nd Half: August 6-August 9			<input type="checkbox"/> Baja Family Camp: Fall Dates TBA Volunteers need to speak Spanish; this camp takes place in Mexico.		
Language:					
Do you speak any language(s) other than English? _____					
Dietary Needs:					
Do you have any special dietary needs? This selection will pertain to all meals served during camp session.					
None _____		Vegetarian _____		Vegan _____	
		Other _____			
Office Use Only	Date Received _____	<input type="checkbox"/> Photo ID	<input type="checkbox"/> Medical License	TB _____	Phys _____
	Camp Forms _____	RSOC _____	BC _____	Ref: 1 2 3	



Experience working with youth: List any past experience working with youth or HIV/AIDS.		
From-To (date):	Employer Name: Address: Phone:	Supervisor & Title:
Position Title & Job Responsibilities:		May we contact for reference? Y___ N ___
		Reason for leaving:
From-To (date):	Employer Name: Address: Phone:	Supervisor & Title:
Position Title & Job Responsibilities:		May we contact for reference? Y___ N ___
		Reason for leaving:
From-To (date):	Employer Name: Address: Phone:	Supervisor & Title:
Position Title & Job Responsibilities:		May we contact for reference? Y___ N ___
		Reason for leaving:

Educational Background:			
Name and Location	# of years completed?	Did you graduate?	Course of Study:
High School:			
College:			
Other:			

Medical Employment History: Please provide the following information for your past 3 employers or assignments starting with most recent.		
From-To (date):	Employer Name: Address: Phone:	Supervisor & Title:
Position Title & Job Responsibilities:		May we contact for reference? Y___ N ___
		Reason for leaving:
From-To (date):	Employer Name: Address: Phone:	Supervisor & Title:
Position Title & Job Responsibilities:		May we contact for reference? Y___ N ___
		Reason for leaving:
From-To (date):	Employer Name: Address: Phone:	Supervisor & Title:
Position Title & Job Responsibilities:		May we contact for reference? Y___ N ___
		Reason for leaving:



Professional Status:		
<p>The following questions pertain to any action, including any investigation which has EVER been undertaken, whether completed or still pending which involves denial, revocation, suspension, reduction, limitation, probation, non-renewal, voluntary relinquishment by resignation or expiration (including relinquishment that was bargained for) of your medical staff membership, privilege, licensure, certification or status as a student in good standing.</p> <p><i>If the answer to any of the following questions is YES, please give full details on a separate sheet of paper.</i></p>		
A. Has your license to practice medicine, in any state, and/or your Drug Enforcement Administration registration, in any state, ever been limited, suspended, revoked, voluntarily relinquished, or is such action pending?	Yes	No
B. Have your privileges or status at any hospital, health care facility or practice organization ever been suspended, diminished, revoked, not renewed, voluntarily relinquished or is any such action pending?	Yes	No
C. Have you ever been denied membership or renewal thereof on the basis of formal peer review or been subject to disciplinary action or any medical organization (e.g. medical staffs, HMO's etc.) or is any such action pending?	Yes	No
D. Have you ever resigned or surrendered clinical privileges from a medical staff while under investigation for possible incompetence or improper professional conduct or in return for such an investigation not being conducted?	Yes	No
E. Were you ever subject to any disciplinary action during your status as a student in any internship, residency, fellowship, preceptorship, or other clinical educational program?	Yes	No
F. Has your membership or fellowship on any local, county, state, regional, national or international organization ever been suspended, diminished, revoked or not renewed, or is such action pending?	Yes	No
G. Has your professional school faculty position or membership ever been suspended, diminished or revoked, or is such action pending?	Yes	No
H. Has your Specialty Board Certification ever been denied, suspended, diminished or revoked, or is such action pending?	Yes	No
I. Have you ever been notified of any investigation or to appear before any licensing agency for a hearing or complaint of any nature?	Yes	No
J. Has any action, including any investigation, been undertaken, whether still pending or completed, or against you by any governmental agency or law enforcement body for your alleged failure to comply with laws, statutes, regulations, or other legal requirements.	Yes	No
K. Are there any current, past or pending criminal charges against you, except for minor traffic infractions?	Yes	No
L. Are there any prior or pending third party proceedings or litigation challenging or sanctioning your patient admissions, treatment, discharges, charging, collection or utilization practices?	Yes	No

Physical and Mental Health Status:		
A. Are you able to perform all the procedures for which you have requested privileges with or without reasonable accommodation, according to accepted standards or professional performance and without posing a direct threat to patients?	Yes	No
<i>If you answer YES to B and/or C, please give full details on a separate sheet of paper.</i>		
B. Have you ever become aware of or were you ever advised that you had any temporary or permanent physical or mental condition or impairment which might interfere with your ability to practice your profession with reasonable skill and safety, other than any such condition or impairment which you have indicated in the previous question?	Yes	No
C. Are you aware of or have you been advised that you have any temporary or permanent physical or mental condition or impairment, which by its nature or as a result of its treatment, might interfere with your ability to practice your profession with reasonable skill or safety?	Yes	No



Current Professional Liability Insurance: (Please attach proof of professional liability insurance)	
Do you currently have professional liability insurance? Yes _____ No _____	
Professional Liability Insurance Carrier:	
Policy #:	Max. Occurrence/ Max Aggregate:
Address:	
City, State, Zip:	Expiration Date: ____/____/____

Other Liability Claims: List on a separate page all other liability insurance policies you have had within the last 10 years, other than the one listed above. Include the carrier name, address, policy number and coverage date.		
A. Have any professional liability claims been filed against you, have you reported any malpractice claim to your insurance carrier, or have you received any letter of intent to sue?	Yes	No
B. Are any professional liability claims pending against you?	Yes	No
C. Has any settlement been made or any judgement entered against you in any professional liability case in which you or a professional liability insurance carrier had to or agreed to make a monetary payment of any amount.	Yes	No
D. Have you been denied professional liability insurance, has your policy been canceled has your professional liability insurer refused to renew your policy or placed limitation on the scope of your coverage, or has any professional liability carrier expressed any intent to deny, cancel, not renew or limit your professional liability insurance or its coverage, or rated up because of unusual risk?	Yes	No
Signature: _____		Date: _____

Certifications: **Please send a copy of your medical license (both sides) with this application.**	
License #:	State of License: <small>(You will need an active CA license)</small>
DEA #:	# of years practicing:

Medical Requirements:
All volunteers must have a TB test and medical check up within 12 months prior to the camp session. If selected, will you provide Camp Laurel with a copy of your TB test and medical check up certifying that you will not pose a health risk to campers or other staff (e.g. do not suffer from any contagious diseases)? Yes _____ No _____

Professional References: Please DO NOT list current employer(s) or relatives. This section must be completely filled out.		
1. Name:	Occupation:	Phone:
Address:		
2. Name:	Occupation:	Phone:
Address:		
3. Name:	Occupation:	Phone:
Address:		

Smoking Policy: Camp Laurel strives to hire volunteers who are role models for the children. In keeping with this, smoking will only be allowed in a designated area, upon completion of nightly staff meetings, and only when permitted by the site. We trust you will understand this policy.



Conditions of Employment:	
<p>1. In consideration of the acceptance of my application for participation at the Camp, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in the Camp's activities. This release is intended to discharge in advance the Camp, Camp Laurel Foundation, Inc., and all of their agents, representatives and volunteers and employees from any and all liability, claims, costs, expenses and/or damages (collectively referred to as "liability") arising out of or connected in any way with my participation in the activities of the Camp, even though that liability may arise of negligence or carelessness on the part of the persons or entities mentioned above. I further understand that serious accidents occasionally occur during Camp activities, and that participants in the Camp activities occasionally sustain mortal or serious personal injuries and/or property damage as a consequence thereof. Knowing the risks of Camp, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or to my heirs or assigns) for damages.</p> <p>2. Camp Laurel Foundation, Inc. accepts no responsibility for the loss, damage, or theft or volunteers' property.</p> <p>3. Volunteer must complete this form to attend camp.</p>	
Signature:	Date:
Print name:	

Statement by Volunteer Applicant: Camp Laurel's priority is to ensure the safety and well being of our campers at all times during camp sessions and camp-related activities. We trust you will appreciate the need for us to thoroughly review each applicant's background and qualifications.	
<p>Have you ever been convicted of a crime (excluding all convictions that have been judicially ordered sealed, expunged, impounded, or statutorily eradicated, misdemeanor convictions for which probation has been completed successfully or otherwise discharged and the case has been judicially dismissed, and marijuana-related convictions more than two-years old)? If yes, please provide date(s) and details on a separate sheet of paper.</p>	<p>YES ___</p> <p>NO ___</p>
<p>ANSWERING, "YES" TO THIS QUESTION DOES NOT CONSTITUTE AN AUTOMATIC BAR TO VOLUNTEER SELECTION. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.</p>	
<p>I certify that all information I have provided in order to apply for a volunteer position with Camp Laurel Foundation, Inc. (herein after referred to as Camp Laurel) is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will allow Camp Laurel to (i) cancel further consideration of this application or (ii) immediately relieve me from my volunteer duties, whenever it is discovered.</p>	<p>INITIAL</p> <p>_____</p>
<p>I expressly authorize, without reservation, Camp Laurel, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions, and to otherwise verify the accuracy of all information provided by me in this volunteer application, résumé or interview. I hereby waive any and all rights and claims I may have regarding Camp Laurel, its agents, employees or representatives for seeking, gathering and using such information in the application process and all other persons, corporations or organizations for furnishing such information about me.</p>	<p>INITIAL</p> <p>_____</p>
<p>I am advised that the volunteer position that I am applying for involves supervisory or disciplinary power over minors and individuals with disabilities. Camp Laurel is authorized under Penal Code section 11105.3 to have access to records of all convictions involving any sex crimes, drug crimes, or crimes of violence of a person who volunteers for a position in which he or she would have supervisory power over a minor. Camp Laurel will not select any applicant for a volunteer position involving supervisory or disciplinary power over minors who have been convicted of a crime listed in Penal Code section 11105.3.</p>	<p>INITIAL</p> <p>_____</p>
<p>Accordingly, if Camp Laurel makes me a tentative offer of a volunteer position, that offer shall be conditioned upon my voluntary submission to fingerprinting and a background criminal conviction records check for other convictions listed above. I have the right to refuse. However, no applicant for positions involving supervisory or disciplinary power over minors shall be accepted for a volunteer position with Camp Laurel until the applicant has completed a background criminal records check.</p>	<p>INITIAL</p> <p>_____</p>
<p>If I obtain a volunteer position, I understand that I am free to leave at any time, with or without cause and without prior notice, and Camp Laurel reserves the same right to relieve me of my volunteer duties at any time, with or without cause and without prior notice. This application does not constitute an agreement for any specified period or definite duration. I understand that no supervisor or representative of Camp Laurel is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Camp Laurel's President.</p> <p>I am volunteering my time to Camp Laurel to contribute to the community. I have no expectation of compensation or remuneration in any form whatsoever in exchange for my volunteered time. Additionally, Camp Laurel has not made any promise of any compensation or remuneration to me for my volunteered time. I am not dependent on Camp Laurel economically or otherwise.</p>	
<p>I have read and fully understand the volunteer counselor or volunteer medical staff job description (whichever applies). I meet all of the minimum qualifications and am able to carry out all of the essential functions detailed therein. I understand that all counselors must be available for 2 days of training in the city prior to Camp to be eligible for any session.</p>	<p>INITIAL</p> <p>_____</p>
<p>I understand that no question on this application is used for the purpose of limiting or excusing any applicant from consideration for a volunteer position on a basis prohibited by applicable local, state or federal law.</p> <p>DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.</p> <p>I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.</p>	
Signature:	Date: