

# CAMP HOPE

Vanderbilt Burn Center  
CAMP COUNSELOR APPLICATION

Name \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_\_) - \_\_\_\_\_

Employer \_\_\_\_\_

Work address \_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex M F

**Social Security Number** \_\_\_\_\_

**\*\*We will be running background checks on all adults participating in Camp Hope. \*\***

Emergency Contact \_\_\_\_\_

Phone (\_\_\_\_\_) - \_\_\_\_\_

### **Volunteer Time Commitment:**

- Volunteering all week
- Days only --- If so, indicate day(s) and time(s) \_\_\_\_\_
- Evenings only --- If so, indicate day(s) and time(s) \_\_\_\_\_

Adult T-shirt Size: \_\_\_\_\_

**Medical Conditions** \_\_\_\_\_

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Are there any reasons why you could not actively participate in all camp activities or could only partially participate in some of the activities at camp, (physical or psychological reasons)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

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**Allergies:** (Medication or Food) List types and treatments.

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Can you swim?  Yes  No Level of Skill  Beginner  Fair  Good  Excellent

Are you certified Lifeguard?  Yes  No

If so, please list experience: \_\_\_\_\_

I am: Check all that apply

Student  Professional  EMT  Medical  Firefighter-Department \_\_\_\_\_  
 VUMC  Burn Survivor  Parent/relative of burn survivor  Friend of burn survivor  
 Community Volunteer  Other \_\_\_\_\_

Is there anything else you think would be helpful for us to know about you? \_\_\_\_\_

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**Transportation:**

Several of our camps need transportation to Camp. Camp will reimburse you for mileage.

I will be able to transport a child from my area to camp.  Yes  No

If so, we will contact you late with details, directions, etc.

**Level of Education:** \_\_\_\_\_

**Past Employment**—List previous two years.

1. Employer \_\_\_\_\_

Position \_\_\_\_\_

Dates Employed \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

2. Employer \_\_\_\_\_  
Position \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_

**Camp Experience**

1. Camp \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Circle one    Camper                      Staff

If staff, state your responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:** Give names and addresses of three persons, not relatives, who have knowledge of your character, experience and ability.

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

### **Camp related areas of knowledge, skill and expertise**

List recreational activities, hobbies, sports, etc., in which you possess knowledge, skill or expertise that could be used in planning and running camp programs. In the blank after each activity, indicate whether you are certified as an instructor, have skills and expertise to assist in teaching, or feel like you could contribute to the planning or supervision of the activity.

#### **Activity**

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What contributions do you think you can make at camp and to these children?

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Have you ever been convicted, fined, placed on probation, or imprisoned?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, explain below)

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Have you ever been accused of, arrested for, convicted for, or in any other way involved in an allegation of child abuse?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, explain below)

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I understand that it may be necessary to be fingerprinted to be a counselor. This year to insure the utmost safety of our Camper we will be running a background check on all counselors who attend Camp Hope. (Initial) \_\_\_\_\_

This is to certify that I, \_\_\_\_\_, have made application to the Camp Hope, and hereby declare that the information provided by me in this application is true, correct and complete to the best of my knowledge. I understand that any misstatements or omissions of fact shall be considered a cause for dismissal. I also grant the release of any information, which may be helpful to the personnel committee in an investigation of my background.

Signature: \_\_\_\_\_

Return application to:           Camp Hope  
  c/o Vanderbilt Burn Center  
  1211 Medical Center Dr 11 South Room 11234  
  Nashville, TN 37232-7175  
  Phone (615) 322-4590  
  Cell (615) 349-5645

Please call Rebekah Lemley or Leslie Rochelle (615-349-5645 or 615-322-4590) if you have any questions regarding volunteer duties, volunteer needs, etc. Thank you for your interest in Camp Hope.

## Camp Hope Counselor Standards of Conduct

In accordance with the Vanderbilt Regional Burn Center recommendations, I agree to the following:

1. Volunteers will have an average of two (2) hours out of every 24 hours free from specific responsibilities.
2. Volunteers are prohibited from accepting gratuities from campers or their families.
3. Possession or use of alcoholic beverages or drugs (not prescribed by a physician) is prohibited.
4. The use of foul language is not permitted.
5. Volunteers who smoke will only smoke in designated areas and never in the presence of campers.
6. Volunteers will be in their assigned quarters no later than 12 midnight, unless authorized by the Camp Director.
7. Volunteers will ensure their assigned campers are present for all meals and activities and will be supervised at all times.
8. Volunteers will work together with the campers to keep the campgrounds clean.
9. Personal relationships between staff members will be kept on a professional level. Any activities deemed unprofessional by the Camp Director(s) could be grounds for dismissal.
10. Volunteers will be aware of their camper's limitations and assist the medical staff as needed.
11. Volunteers will remember that the camper(s) and their safety are the top priority. Therefore, volunteers will interact with campers and ensure they are providing them with a safe and effective camping environment.
12. All unauthorized visitors will check in with the Camp Director and could be asked to leave the premises. An unauthorized visitor is defined as any person who has not been pre-approved by the Camp Hope Organization.

### **RELEASE FROM LIABILITY**

I, \_\_\_\_\_ [Print Name], the undersigned participant, am 18 years of age or older and I would like to participate in the Vanderbilt Burn Center's Camp Hope Organization (hereinafter "Vanderbilt") as a volunteer counselor (hereinafter "activity"). I recognize that there exists the possibility of personal injury and/or property damage to participants during an activity of this nature, and I assume responsibility for that risk of injury or damage.

Furthermore, in consideration of Vanderbilt University allowing me to participate in the Activity, I further agree to and hereby do release, discharge, hold forever harmless and indemnify Vanderbilt and its trustees, agents, officers, servants, and employees against loss from any and all claims, demands, rights, or causes of action of any kind or nature that may hereafter at any time be made or brought by me or by any other person having a legal interest therein, arising from or by reason of any and all known or unknown, foreseen and unforeseen bodily or personal injuries, damages to property and consequences thereof which may I may sustain in consequence of any accident or injuries in connection with the activity, except such liability or claim of liability as may result from gross negligence on the part of Vanderbilt. Said indemnification shall include, but not be limited to, court costs and reasonable attorneys' fees.

If I should suffer an injury or illness while participating in the activity, I authorize the employees of Vanderbilt to use their discretion to transport or to have me transported to any medical facility I choose for treatment and I take full responsibility for that action.

I further grant and convey unto Vanderbilt all right, title and interest in any and to all photographic images and video or audio recordings and all copies thereto made by Vanderbilt during my participation in the activity, including but not limited to, any royalties, proceeds or other benefits derived from such photographs or records.

By signing below, I acknowledge that I am 18 years of age or older and understand that I am entitled to have an attorney of my own choosing review this release prior to signing. I have read the foregoing Camp Hope Counselor Standards of Conduct and Release from Liability in its entirety and understand that I am signing a complete and perpetual release and bar to any and all claims of ordinary negligence as defined above resulting from my participation in this activity.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camp Hope Committee Member