Dear Prospective Volunteer Counselor,

Camp Aldersgate is excited that you wish to be a part of our 2019 Volunteer Counselor Program! All of the forms and papers you need to complete in order to be considered are enclosed within. This includes your Volunteer Application Packet which must be completed and returned no later than ***Saturday, March 30, 2019.*** Please get your application in as soon as possible, as volunteers are chosen on a first-come first-served basis. The Volunteer Application Packet includes all forms and materials that must be on file before you can volunteer. It may seem like a lot of work, but these forms are for your safety, as well as the safety of the campers and help us remain an accredited camp with the American Camp Association. **Please pay special attention to the packet checklist on the next page.** It will answer most of the questions you will have about the Volunteer Application Packet and it will also help you keep your forms organized.

> ***All forms (except reference forms) must be returned <u>together by or on Saturday, March 30th</u> and must have the appropriate signatures in order for you to be considered (This includes the copy of your shot record.) Priority will be given to those who get their application packets returned <u>quickly and in full</u>.

Volunteering at Camp Aldersgate is one of the most rewarding experiences out there!! We're glad you're ready to come out and be involved in it!

Please feel free to call (501) 225-1444 or email shanson@campaldersgate.net if you have any questions about the camps or your Volunteer Application Packet.

Sincerely,

Savannah Hanson
Program Intern

Please return the <u>COMPLETED packet by March 30th:</u>

Savannah Hanson
Program Intern
Camp Aldersgate
2000 Aldersgate Road
Little Rock, AR 72205

Camp Aldersgate Volunteer Counselor
Application Packet Explanation & Checklist

Name: _____

Below is an explanation of each form we need for your application packet. It is in checklist format so you can be sure you are sending in all the necessary paperwork. **Application packets must be complete before volunteers can be assigned.** Please note that each form requires specific signatures. If you are under 18 years of age, a parent/guardian signature is required where indicated. It has been a problem in the past that packets are returned without the necessary signatures, especially on the child and adult maltreatment forms. **Your application is not complete without all of the necessary signatures!**

____ **Application:** This document provides us with your background information. **Please include an emergency contact.**

____ **Schedule Preference Form:** This form tells us the number of weeks the applicant wishes to volunteer and the weeks he/she is available to volunteer. We will use this to assign volunteers to specific weeks.

____ **Job Description:** This form states the minimum qualifications, and required knowledge, skills, and abilities for volunteer counselors. Please read carefully and be sure you can complete all tasks.

____ **Parent Permission Form:** If a volunteer is under 18 years of age, his/her parents must give their permission for the volunteer to leave camp on his/her own (unsupervised) during volunteer breaks.

____ **Photo Release Authorization:** The release gives authorization to Camp Aldersgate to photograph the volunteer and to use, publish, and release for publication such photos relating to the programs of Camp Aldersgate, Inc.

____ **Drug, Alcohol, and Smoke-Free Workplace Policy:** These policies state that the volunteer understands that Camp Aldersgate is a drug, alcohol, and smoke-free environment and indicates the volunteer's agreement to comply with Camp policies.

____ **Confidentiality Agreement:** This states that volunteers will not share with others the medical information learned about specific campers, as required by HIPAA laws. More information will be given during volunteer training.

____ **Internet Social Networking and Blogging Policy:** This form states that volunteers will not discuss campers' medical issues over the internet, as required by HIPAA laws.

____ **Volunteer Code of Conduct:** This form states that volunteers will behave in an appropriate manner while serving at Camp Aldersgate.

____ **Health Form: This form requires a physician's signature.** (Double Sided)
The signature states that the physician has seen the volunteer within the past two years and finds he/she is able to participate in the camp program.

> NEW VOLUNTEERS ONLY: **Make sure you include a *copy of your immunization record* with proof of a tetanus shot in the last ten years (a copy from your school will work fine).**

____ **Over-the-Counter Medication Form:** This form lists the medications that will be available for administration to volunteers. This form must be signed appropriately in order for us to administer any medications to the volunteer.

____ **Voluntary Disclosure Form**: This form allows the applicant to disclose any information before we send in the background checks. It is a requirement of the American Camp Association.

____ **Child Maltreatment Background Check Request (All volunteers):** Camp Aldersgate policy requires that we check the child abuse registry to make sure that volunteers have no record of abusing or neglecting a child. **The volunteer needs to fill out all information, including social security number and SIGN.** We will notarize and send in. The backside of this page **MUST** be left blank.

____ **Authorization for Adult Maltreatment Central Registry (All volunteers):** Camp Aldersgate policy requires that we check the adult abuse registry to make sure that volunteers have no record of abusing or neglecting an adult. **The volunteer needs to fill out all information, including social security number and SIGN.** We will notarize and send in. The backside of this page **MUST** be left blank.

____ **Criminal Record Check Form (Only for volunteers 18 years and older):** Camp Aldersgate policy requires that we check the criminal record of all volunteers 18 years and older to make sure that they do not have a criminal record. **The volunteer needs to fill out all information, including social security number and SIGN.** We will notarize and send in. The backside of this page **MUST** be left blank.

____ **Reference Forms:** Each **new** volunteer must obtain **three** references from adults over the age of 23. The references cannot be from relatives. The volunteer is responsible for giving this form to his/her references and making sure the forms are returned to Camp Aldersgate by the application due date.

Official use only: _____ *Interview Date* _____ *Training Date* _____ *Fee paid*

****Please note that an annual $42.00 fee is due upon acceptance as a volunteer.**

This fee offsets the cost of the volunteer's background checks, t-shirt, and other administrative costs and is not due until volunteer receives his/her confirmation packet.**

CAMP ALDERSGATE
COMMON GROUND FOR EXTRAORDINARY PEOPLE

Camping Programs Volunteer Application

Please return applications to:
Savannah Hanson
Program Intern
Camp Aldersgate
2000 Aldersgate Road
Little Rock, AR 72205

PERSONAL INFORMATION

Name:_____ Birth Date:_____ Age: _____
Last First Middle

Address:_____City:_____State_____Zip:_____

County:_____Email:_____ T-Shirt Size: *S M L XL* XXL

Home Phone# _____/_____ Cell Phone# _____/_____ Sex: *male female*

Current Level of Education: *Junior High High School College Other*_____

School Currently Attending:_____

How did you hear about Camp Aldersgate's camping programs?_____

Have you ever been a camper at Camp Aldersgate? Y N

If yes, which camp(s) have you attended and when did you attend?_____

Person to contact during camp:_____
Name Phone

PARENT/GUARDIAN INFORMATION

Father

Name: _____Employer:_____
Last First

Home Phone# _____/_____ Work Phone# _____/_____

Other Phone# _____/_____ Email:_____

Address: _____ City: _____ State: _____ Zip: _____

Mother

Name: _____Employer:_____
Last First

Home Phone# _____/_____ Work Phone# _____/_____

Other Phone# _____/_____ Email:_____

Address: _____ City: _____ State: _____ Zip: _____

Guardian

Name: _____Employer:_____
Last First

Home Phone# _____/_____ Work Phone# _____/_____

Other Phone# _____/_____ Email:_____

Address: _____ City: _____ State: _____ Zip: _____

VOLUNTEER INTERESTS

What program(s) do you wish to volunteer for at Camp Aldersgate? (Please circle all that apply.)

Summer Day Camps Summer Residential Camps Weekend Camps

Why do you want to be a volunteer at Camp Aldersgate?_____

_____

_____

_____

_____

Volunteer Experience

Have you ever been a volunteer at Camp Aldersgate? Y N If yes, for which programs and when?

____Summer Day Camps Year(s) _____ ____Summer Residential Camps Year(s) _____

____ Weekend Camps Year(s) _____ ____Other_____

Please list other past and/or present volunteer positions you have held outside of Camp Aldersgate. _____

_____

_____

_____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and request every individual, corporation, school or university, employer, firm, criminal justice agency, city, county, state, or federal agency, and their authorized representatives to release and furnish Camp Aldersgate, Inc. and their authorized representatives, any and all information and records pertaining to me. A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person or organization.

MEMO OF UNDERSTANDING

I, the below signed individual, have read and fully understand the above information. I hereby declare that to the best of my knowledge and ability, the information on this application is true and factual. I understand that intentionally false statements could lead to my dismissal as a volunteer or rejection as an applicant. I also understand that volunteering at Camp Aldersgate, Inc. requires that special background checks may be necessary, and failure to meet these requirements may lead to my rejection as an applicant or dismissal if I have been selected.

Signature of
Applicant:_____Date:_____

Signature of
Parent/Guardian:_____Date:_____
(If applicant is under 18 years of age)

OPTIONAL INFORMATION

The following section is information used solely for gathering statistical information and obtaining grant funding. Omission of any or all questions will not affect the status of your application. This assists Camp Aldersgate in securing funding to lower program costs. Answer questions as they pertain to your child and his/her household.

Ethnic Origin: (circle one) Black/African American Asian White American Indian Hispanic/Latino Other:_____

Religious Affiliation:_____

Household Information: (circle one) two parent one parent

Household Annual Income: (circle one) less than $25,000 $25,001-$35,000 $35,001-$50,000

$50,001-$75,000 $75,001-$100,000 $100,001

2019 Summer Camp Schedule Preference Form

Name of Volunteer:_____ Date:_____

Current Status*:* *Returning Volunteer* *New Volunteer*

Signature of parent or guardian:_____ Date:_____
(If applicant is under 18 years of age)

Summer Camp Week Preferences - Below is the 2019 Camp Aldersgate Summer Camp Schedule. We will do our best to assign you to the week(s) you choose to volunteer, but there are a limited number of volunteer spaces available each week. Some applicants may be placed on a waiting/on-call list and/or placed in one of our fall weekend camps. Please indicate the number of week(s) you are available to volunteer and number all of your choices in order of preference (#1, #2, #3, etc.). Completing an interview AND volunteer training session is mandatory for NEW volunteers.

Total number weeks you would like to volunteer for Med and Kota Camps this summer: _____

Med and Kota Camps (& Dance Themes)

_____June 9 - 14	Muscular Dystrophy Camp	TBD
_____June 16 - 21	Spina Bifida Camp	Tropical Paradise
_____June 23 – 28	Kota I	Disco Days
_____July 7 – 12	Kota II	Prom
_____July 14 – 19	Diabetes	Night of the Stars
_____July 21 – 26	Cardiac/Arthritis/Kidney Camp	Animal Planet
_____ July 28 – August 2	Oncology/Bleeding Disorder Camp	St. Patrick's Day

Total number weeks you would like to volunteer for Day Camps this summer: _____

Summer Day Camp

Description: 6-week day camp designed for children (grades K-8th) with autism spectrum disorder
Hours: Monday-Thursday from 8am-1pm

_____ June 10 – 13	_____ July 8 – 11
_____ June 17 – 20	_____ July 15 – 18
_____ June 24 – 27	_____ July 22 – 25

Camp Aldersgate
Volunteer Counselor

2019 Schedule Preference Forms

Volunteer's Name:_____

Interview Day Schedule Preference (This is for new volunteers only!) Please indicate which day you would be available to come to Camp Aldersgate for a brief 15 minute interview. You will receive confirmation in an email from a member of the Camp Aldersgate's Program team regarding which date and time your interview is scheduled.

Summer Camps

_____ Sunday, April 7, 2019	1:00 P.M.-3:00 P.M.
_____ Sunday, April 14, 2019	2:00 P.M.-4:00P.M.
_____ Tuesday, April 23, 2019	4:00 P.M.-6:00 P.M.

Training Dates - Please indicate what day you are planning to attend. (Attendance is *mandatory for new volunteers* and optional for returning volunteers.)

Summer Camps

_____Sunday, May 19, 2019	1:00P.M.-5:00P.M.
_____Tuesday, June 4, 2019	1:00P.M.-5:00P.M.

Camp Aldersgate

Volunteer Counselor
Job Description

JOB SUMMARY: Assists staff in the personal care of campers, provides supervision of campers, assists in the implementation of camp activities, adheres to all camp policies, and performs other duties as assigned.

RESPONSIBLE TO: Program Coordinator and counselors as assigned.

JOB DUTIES AND RESPONSIBILITIES:

1. *Assists staff in the personal care of campers:* assists in the care of campers' personal needs (including dressing, feeding, grooming, and other procedures).

2. *Provides supervision of campers:* observes camper behavior and assesses its appropriateness. Enforces appropriate safety regulations and emergency procedures, and applies appropriate behavior-management techniques, as indicated by senior counselors; identifies and responds to environmental and other hazards related to camper activity; assists campers in emergency (fire, evacuation, illness or injury); possesses strength and endurance required to maintain constant supervision of campers; carries out set procedures for supervising campers' health as directed.

3. *Assists in the implementation of camp activities:* provides necessary instructions to campers; generates enthusiasm and promotes camp spirit; communicates and works with all groups participating.

4. *Adheres to all camp policies:* participates in volunteer training; sets good example for campers and peers; follows camp rules and regulations; helps with clean-up and chores; is punctual and manages personal time off in accordance with camp policy.

5. *Other duties as assigned.*

REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES:

1. Ability to fully participate in all camp activities and assist campers to participate.
2. Ability to communicate effectively.
3. Ability to safely push campers using wheelchairs and assist in lifting campers.
4. Ability to perform all personal self-help skills without assistance from counselor staff (including grooming, feeding, dressing, and all other personal hygiene functions).
5. Ability to climb to and sleep in top bunk.
6. Ability to stay on task even when distractions are presented.
7. Ability to work well independently and in teams with minimal direction.
8. Ability to creatively problem solve, mediate conflict, and find win-win solutions.
9. Ability to identify and respond to environmental and other hazards.

MINIMUM QUALIFICATIONS

1. Must be at least 14 years of age.

2. Must be mature and responsible, have good character, integrity, and the ability to adapt *(as determined by the interview and references)*.

3. Must complete the Camp Aldersgate Volunteer Counselor Training Program.

Signature of Volunteer Counselor: _____Date:_____

Signature of Parent/Guardian:_____Date:_____

(If under 18 years of age, signature of parent or guardian)

Camp Aldersgate
Staff/Volunteer
Parent Permission Form
(for staff/volunteers under 18 years of age)

(Staff/Volunteer name)_____ has my permission to participate in all Camp Aldersgate activities as a volunteer counselor and to accompany groups on supervised field trips away from camp.

Signature of Parent or
Guardian:_____Date:_____
(If applicant is under 18 years of age)

(Staff/Volunteer name)_____ has my permission to leave Camp Aldersgate during time off, during which time there would be no supervision by permanent Camp Aldersgate staff. Who my child leaves with will not be monitored.

Signature of Parent or
Guardian:_____Date:_____
(If applicant is under 18 years of age)

I am acknowledging my parents' decision and agree to comply with all Camp Aldersgate policies and procedures regarding my employment/volunteer service. I understand that failure to abide by the camp's policies and procedures may result in immediate disciplinary action, up to and including termination.

Signature of
Staff/Volunteer:_____Date:_____

Camp Aldersgate
Photo Release Authorization

I grant my full permission and authority to Camp Aldersgate, Inc. and their representatives to photograph the volunteer or employee named below and to use, publish, and release for publication such photos relating to the programs at Camp Aldersgate. The name of the volunteer or employee photographed may be used in connection with the above, with the understanding that there is to be no exploitation of the family member and that any photographs so used should conform to standards of good taste.

Name of Volunteer/Staff:_____
First MI Last

Address:_____
Street Apt. Number

_____
City State Zip

Signature of Parent/Guardian:_____ Date:_____
(If employee/volunteer is under 18 years of age)

Signature of Volunteer/Staff:_____ Date:_____

Camp Aldersgate
Drug Free/Alcohol Free/Smoke Free Workplace Policy

Camp Aldersgate is a drug-free workplace with zero tolerance. Camp Aldersgate will not differentiate between drug users and drug pushers/sellers. Any employee/volunteer who uses, gives or in any way transfers a controlled substance to another person or sells or manufactures a controlled substance while on the job or on Camp premises will be subject to disciplinary action up to and including termination. The term "controlled substance" means any drug listed in 21 U.S.C. Section 812 and other federal regulations. Generally, these are drugs which have a high potential for abuse. Such drugs include "legal drugs" which are not prescribed for the employee/volunteer by a licensed physician. Each employee/volunteer is required by law to inform the Camp within five days after he/she is convicted for violation of any federal or state criminal drug statute. As a condition of further employment/volunteer service on any federal government contract, the law requires all employees/volunteers to abide by this policy.

Possession, consumption, or being under the influence of a controlled substance on Camp premises is absolutely forbidden. Violation of this policy will result in immediate disciplinary action up to and including termination.

Possession, consumption, or being under the influence of alcoholic beverages on Camp premises is absolutely forbidden. Violation of this policy will result in disciplinary action up to and including termination.

Camp Aldersgate promotes a non-smoking environment. Smoking is not permitted inside any Camp building. Smoking is allowed only in certain designated outside areas. Camp Aldersgate adheres to state and local guidelines regarding tobacco use by minors.

Seasonal employees/volunteers may be subject to random drug testing. Failure to pass drug testing will result in disciplinary action up to and including termination.

I have read and fully understand the policy on "Drug Free/Alcohol Free/Smoke Free Workplace". I also understand that violation of this policy will result in immediate disciplinary action up to and including termination. This acknowledgement will be placed in my permanent personnel file.

Signature of Staff/Volunteer:_____ Date:_____

Signature of Parent or Guardian:_____ Date:_____
(If employee/volunteer is under 18 years of age)

Camp Aldersgate
Staff/Volunteer Confidentiality Agreement
Access and Use of Personal Health Information
Under the Health Insurance Portability and Accountability Act

Staff/Volunteer Name: _____Staff/Volunteer Date of Birth _____

_____
Name of Custodial Parent /Legal Guardian if staff/volunteer is under 18

I, _____ , understand that I will have access to and will use personal health information ("PHI") of campers, and depending on my job assignment, fellow staff members and volunteers, while serving at or in preparation for Camp Aldersgate's programs.

My camp position/duties that involve PHI may include:

- Provision of medical management for campers and camp personnel to ensure their physical well being and safety
- Provision of food service and nutrition counseling for campers and camp personnel to ensure their physical well being
- Provision for the well being and safety of campers in the common living areas (cabins) relative to treatment plans, food allergies, other allergies and behavioral/psychological/social issues.
- Provide for the safety and well being of campers and camp personnel who will participate in the camp program.

I agree to safeguard PHI and make sure that it is not used in an unauthorized way or given to any unauthorized person or entity.

I hereby agree that I will not copy, record, disseminate, share, use or disclose any PHI beyond my camp position/duties.

I understand that I have the right to refuse to sign this Confidentiality Agreement and that my refusal will disqualify me from serving in any capacity with Camp Aldersgate that would provide access to personal health information in written, electronic or verbal form.

Signature of Staff/Volunteer: _____ Date: _____

Parent's or
Legal Guardian's Signature: _____ Date: _____
(If employee/volunteer is under 18 years of age)

Camp Aldersgate
Internet Social Networking and Blogging Policy

In general, Camp Aldersgate views social networking sites (e.g., Facebook, MySpace), personal Web sites, and Weblogs positively and respects the right of employees/volunteers to use them as a medium of self-expression. If an employee/volunteer chooses to identify himself or herself as an employee/volunteer of Camp Aldersgate on such Internet venues, some readers of such Web sites or blogs may view the employee/volunteer as a representative or spokesperson of the camp. In light of this possibility, Camp Aldersgate requires as a condition of employment or acceptance of volunteer service, that employees/volunteers observe the following guidelines when referring to Camp Aldersgate, its programs or activities, its campers, and/or other employees/volunteers, in a blog or on a Web site.

1. Employees/volunteers must be respectful in all communications related to or referencing the camp, its campers, and/or other employees/volunteers.
2. Employees/volunteers must not use obscenities, profanity, or vulgar language.
3. Employees/volunteers must not use social networking sites, blogs or personal Web sites to disparage the camp, its campers, or other employees/volunteers.
4. Employees/volunteers must not use social networking sites, blogs or personal Web sites to harass, bully, or intimidate other employees/volunteers or campers. Behaviors that constitute harassment and bullying include, but are not limited to, comments that are derogatory with respect to race, religion, gender, sexual orientation, color, or disability; sexually suggestive, humiliating, or demeaning comments; and threats to stalk, haze, or physically injure another employee/volunteer or camper.
5. Employees/volunteers must not use social networking sites, blogs or personal Web sites to discuss engaging in conduct that is prohibited by camp policies, including, but not limited to, the use of alcohol and drugs, sexual behavior, sexual harassment, and bullying.
6. Photographs and/or comments involving campers/employees/volunteers may only be posted under the following conditions:
    a. Only first names may be used
    b. No additional identifying information may be used. Examples would be the week of camp the individual attends, their hometown, or the school they attend, etc.
    c. There is to be no exploitation of the individual and any photographs used must conform to standards of good taste
7. The use of Camp Aldersgate's copyrighted camp name or logo is not allowed without written permission.

Any employee/volunteer found to be in violation of any portion of this Internet Social Networking and Blogging Policy will be subject to immediate disciplinary action, up to and including termination of employment or volunteer service.

Signature: _____ Date: _____

Signature of Parent
Or Guardian: _____ Date: _____
(If employee/volunteer is under 18 years of age)

Camp Aldersgate
Volunteer Code of Conduct

While a volunteer at Camp Aldersgate:

I will

- Abide by all rules in Camp Aldersgate's Volunteer Handbook.
- Represent camp positively at all times, on and off camp grounds.
- Treat all people and camp itself with utmost respect.
- Know and fulfill my responsibilities with a professional attitude.
- Behave appropriately at all times while working at camp.
- Wear appropriate clothing while at camp.
- Remember that campers come first!! (CCF)

I will not

- Engage in illegal behavior.
- Aid in the illegal behavior of others.
- Drink alcohol or use illicit substances at camp.
- Be under the influence of alcohol or illicit substances on camp grounds.
- Engage in sexual activities at camp.
- Display romantic affections at camp, including flirting or handholding.
- Use inappropriate language while at camp.

Printed Name _____

Signature of Volunteer _____Date _____

Camp Aldersgate
Camping Programs
Over -The -Counter Medication Form

Name _____ (please circle) Camper **Volunteer** Staff

Camp Aldersgate will have the following medications available for administration to staff and campers as needed. Medications will be administered in accordance with the standing orders reviewed each year by the Camp Medical Director. Please indicate on this form any medications not suitable for the camper, volunteer, or staff person to receive.

Any medications not listed below must be brought to camp in the ORIGINAL CONTAINER with the instructions for use/dosage clearly indicated. All medications must be given to the nurse upon arrival at camp. For safety reasons, NO medications will be kept in the cabins.

WHAT IT IS USED FOR	MEDICATION	ALTERNATE MEDICATION IF NOT SUITABLE
headaches, fever reduction, pain	*Tylenol/Ibuprofen*	
congestion, minor allergic reaction	*Benadryl*	
congestion	*Sudafed*	
congestion	*Dimetapp*	
cough	*Robitussin*	
sore throat without fever	*Chloraseptic Lozenges*	
swimmers ear	*Swim Ear*	
earache	*Auralgin*	
eye Irritation	*Visine/Normal Saline*	
indigestion / nausea	*Mylanta / Pepto Bismol*	
diarrhea	*Immodium/Kaopectate*	
abrasions / impetigo	*Neosporin/Bacitracin*	
poison ivy	*Calamine/Atarax/Benadryl*	
athletes foot / ringworm	*Lotrimin/Mycotin*	
pressure sores	*Duoderm*	

**Signature of Volunteer/Staff (if 18yrs. old or over)_____Date_____

Signature of Parent/Guardian (if under 18yrs. old)_____ Date_____

Camp Aldersgate

Staff/Volunteer Health Form

The bottom of this form MUST be signed by your physician.
(Two-Sided)

Please check one of the following choices _____new staff/volunteer _____returning staff/volunteer Age:_____

Name:_____ Date of Birth:____/____/_____

Address:_____
Mailing Address *City* *State* *Zip*

Phone Numbers: (home):_____ /_____ (cell):_____/_____

Name of Parent or Guardian **(If under 18 years of age)**:_____

Contact in Case of Emergency:

1._____
Name Address Phone Relationship

2._____
Name Address Phone Relationship

Primary Physician:_____ Phone:_____/_____

Physician's Address:_____

Allergies:_____

Medical Problems or Diagnosis:_____

Special Concerns/Dietary Restrictions:_____

Current Medications Taken Regularly:_____

Are you taking any medications that could impair your ability to do your job?_____

Operations or Serious Injuries:_____

Chronic or Recurring Illness/Medical Conditions:_____

Date of Last Tetanus Shot:_____/_____/_____ *(Required if over 10 years ago)*

If you are a *new* volunteer or *new* paid employee, please attach copy of your complete immunization record. *(If enrolled, a copy from your school would be fine.)*

Physician's Authorization

I have examined _____ **within the past two years** and in my opinion, this person is: (please circle one) **ABLE** **UNABLE** to participate in an active camp program. I have reviewed the medical information on the Health Form. (Please attach additional information if necessary.)

Licensed Physician/Advanced Practice Nurse/Registered Nurse Practitioner:

Printed Name:_____ Office Phone:_____/_____

Address:_____City: _____ State: _____ Zip: _____

Signature:_____Date:_____

(over)

Insurance Information

(Side 2 of Health Form)

Do you carry medical/hospital insurance? _____Yes _____No

Name of Carrier:_____

Policy or Group Number:_____

Hospital Preference in Little Rock (if any):_____

Emergency Authorization for Treatment and Release of Liability

A. If 18 years of age or over, complete this section:

I hereby give permission to medical personnel selected by the Camp Aldersgate, Inc. staff to order x-rays, routine tests, and emergency treatment for me. In the event that my parents cannot be reached in an emergency, I hereby give permission to Camp Aldersgate, Inc. staff to secure proper treatment for me. This form may be photocopied for use outside of the camp.

I hereby release and discharge Camp Aldersgate, Inc., their board of directors, and any and all other parties of interest from all claims, demands, grievances, and causes of action of every kind whatsoever, including, but not limited to, all which may arise from or out of any injury incurred to me or my family member while in attendance at Camp.

This form may be photocopied for use outside of camp.

Signature:_____ Date:_____

B. If under 18 years of age, this section must be completed:

I,_____(name of parent/guardian) hereby give permission to medical personnel selected by the Camp Aldersgate, Inc. staff to order x-rays, routine tests, and emergency treatment for my child _____(name of volunteer/staff member). In the event that I cannot be reached in an emergency, I hereby give permission to Camp Aldersgate, Inc. staff to secure proper treatment for my child.

I hereby release and discharge Camp Aldersgate, Inc., their board of directors, and any and all other parties of interest from all claims, demands, grievances, and causes of action of every kind whatsoever, including, but not limited to, all which may arise from or out of any injury incurred to me or my family member while in attendance at Camp.

This form may be photocopied for use outside of camp.

Signature of Parent/Guardian:_____ Date:_____

Other information Camp Aldersgate, Inc. should know (if needed):_____

_____

_____

I hereby state that the information contained on this form is correct to the best of my knowledge.

Signature:_____ Date:_____

Signature of Parent/Guardian:_____ Date:_____

(if staff/volunteer is under 18 years of age)

Camp Aldersgate
Voluntary Disclosure Form

Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?

☐ Yes ☐ No

If yes, please explain: (Use a separate sheet, if necessary.)

_____

_____

_____

_____

Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below? ☐ Yes ☐ No

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes.

If yes, please explain: (Use a separate sheet, if necessary.)

_____

_____

_____

_____

Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?

☐ Yes ☐ No If yes, please explain: (Use a separate sheet, if necessary.)

_____

_____

_____

_____

5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection? ☐ Yes ☐ No

If yes, please explain: (Use a separate sheet, if necessary.)

_____

_____

_____

_____

6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?

☐ Yes ☐ No

If yes, please explain:

_____

_____

_____

_____

I understand that:

a) The camp may deny employment/volunteer service to any person who answers "yes" to any one of preceeding questions. If hired and the employer later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment/volunteer service may be terminated immediately.

b) The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.

c) The camp may terminate employment/volunteer service of any person if that person is found, regardless of when discovered, to:

1) have a history of complaints of abuse of a minor;
2) have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
3) have falsified or omitted information in this disclosure statement.

d) This disclosure statement must be updated yearly.

Printed Name _____

Signature _____ Date _____

Signature of Minor's Parent or Guardian _____ Date _____

CHILD MALTREATMENT
BACKGROUND CHECK REQUEST

SEND TO: CENTRAL REGISTRY
P.O. BOX 1437, SLOT 710
LITTLE ROCK, AR 72203

Send True Report to: Personnel Department/Volunteer
Camp Aldersgate
2000 Aldersgate Rd.
Little Rock, AR 72205

PROVIDE THE FOLLOWING INFORMATION FOR THE PERSON TO BE CHECKED:

_____

LAST NAME FIRST NAME MIDDLE NAME

_____ _____

MAIDEN NAME ALIASES

DATE OF BIRTH _____ - _____ - _____ SOCIAL SECURITY # _____ - _____ - _____

RACE: _____ MALE _____ FEMALE _____

_____

ADDRESS (STREET/APT.) CITY STATE ZIP

FULL NAME OF OWN CHILDREN

_____

_____

_____

I hereby authorize the Arkansas Child Maltreatment Central Registry to release any information contained in their files concerning the undersigned and any birth/legal children ages 10 through 17 who now or have resided in my home to Camp Aldersgate, Inc. Also, I understand that the name of any confidential informants will not be released.

_____ _____

Signature of Person To Be Checked Date

Camp Aldersgate, Inc.
(Name of Agency to Receive Report)

Regina Riehl – Director of Finance/Human Resources
(Agency Representative)

2000 Aldersgate Rd Little Rock AR 72205
(Street Address) (City) (State) (Zip)

COUNTY OF _____
STATE OF ARKANSAS

Acknowledged before me this _____ day of _____, 20_____

_____ _____

NOTARY PUBLIC (My Commission Expires)

ARKANSAS DEPARTMENT OF HUMAN SERVICES
REQUEST FOR ADULT MALTREATMENT REGISTRY INFORMATION

Print all information in ink.

Name	Date of Birth
Maiden Name and/or Any Names Formerly Used	Social Security Number
Email Address Click here to enter text.	
Current Address (Street, City, State, Zip)	

List all previous addresses for the past five years. (Attach additional pages, if needed.)	Dates (From/To)

I authorize Department of Human Services/Adult Protective Services to release information from the Adult Maltreatment Central Registry in accordance with Ark. Code Ann. § 12-12-1717 to the following:

Agency Name/Contact Person

Mailing Address (Street or PO Box, City, State, Zip)

Agency type:
- ☐ Volunteer (no charge)
- ☐ Non-Profit (no charge)
- ☐ State Agency (no charge)
- ☐ All Others ($10.00 Fee)

I further certify that the information provided on this form is true and correct.

Signature _____ Date _____

COUNTY OF _____
STATE OF ARKANSAS

Acknowledged before me this _____ day of _____, 20____.

_____ _____ [SEAL]
Notary Public My Commission Expires

For APS use only:

The above named applicant was _____ / was not _____ listed in the Adult Maltreatment Central Registry.

Verified by: _____

MAIL THE COMPLETED FORM TO:
Adult Maltreatment Central Registry - Slot W240
PO Box 1437
Little Rock, AR 72203
Email: aamr@dhs.arkansas.gov
Fax: 501-682-6393

REQUEST FOR CRIMINAL RECORD CHECK

Obtain forms from: AR Department of Human Services, Division of Provider Services & Quality Assurance (DPSQA)
PO Box 1437, Slot S-530, Little Rock, AR 72203-1437, (501) 320-6408.

State-only Criminal Record Check Required items:
1. This form completed, signed, and notarized
2. $25 check/money order made payable to: "Arkansas State Police"
3. MAIL this form and attachments to: State Identification Bureau, Arkansas State Police, #1 State Police Plaza Drive Little Rock, Arkansas 72209

****

Type of Provider: Licensed DDTCS ____ Certified Early Intervention ____ Certified Waiver ____ New ____

Provider submitting form: _____ _____
Name of Provider — Address — City/Zip

_____ _____
Name of Provider Contact Person — Telephone number (include Area Code)

****

Name of person to be checked: _____
Last Name — First Name — Middle Name

Current address _____
Street — City — State — ZIP Code

_____ _____ _____ _____
Maiden Name — Aliases — Date of Birth (month/day/year) — Telephone

___ ___ ___-___ ___-___ ___ ___ ___ _____ _____ _____ _____
Social Security Number — Race — Sex (M/F) — Driver's License Number — State of Issuance

Note: The name, address, and date of birth listed above must appear on a valid identification document issued by a government entity.

Please list the document used if not the person's driver's license: _____

The person listed above must list all past felony or misdemeanor charges for which he/she was found guilty or to which he/she pled guilty or nolo contendere:

Date of charge	Location	Description of charge	Sentence/Disposition

Notice to Applicant: By signing this form you give consent for the Arkansas State Police to release your criminal history report to the employer listed above and to the Division of Developmental Disability Services (DDS). Pursuant to Arkansas Code Ann. § 20-38-101 et.seq, DDS will issue a letter of determination to the employer stating your employment eligibility based on your criminal history report. The employer must then provide you with a copy of the determination letter. Prior to the receipt of the determination letter, the employer may choose to deny any employee unsupervised access to a person to whom the employer provides care. You may obtain a copy of your criminal history report from the employer. You must direct any challenges to the accuracy of the report to the Arkansas State Identification Bureau, Arkansas State Police, #1 State Police Plaza Drive, Little Rock, Arkansas 72209 (501) 618-8500.

Statement of Oath: I state on oath that the representations made herein are true, complete, and correct.

Providing false information on this form is a violation of Arkansas law and is punishable as set forth in Arkansas Code Annotated § 5-53-103.

_____ _____
Signature of Applicant/Employee — Date

****

Notarization: State of Arkansas County of _____ Subscribed and sworn to before me, a Notary Public, in and for the county and state

noted above this the _____ day of _____, _____. _____
Notary Public

My commission expires on _____, (year)_____.
(Notary Seal)

****

FOR ARKANSAS STATE POLICE ONLY

_____ 62000 Civil Records Check @ $25 via postal mail ($22 via online services) _____ 60007 & 60006 FBI Records Check $13.25

Form DDS-5088 State (12/2018)

Camp Aldersgate
Volunteer Counselor
Reference Form

Please send this form to each of the three people who will give your reference. He/She should mail it back to Camp Aldersgate in a sealed envelope. ***References will not be accepted from relatives or those under age 23****.*

Applicant Name: _____ E-mail: _____

Reference Name: _____ Date: _____

(Person completing the Reference Form)

The person named above has applied for a Volunteer Counselor position at Camp Aldersgate and has given your name as a reference. If selected, the applicant will be assisting children with medical conditions and/or physical disabilities experience a week of summer camp. Volunteers are also required to work as part of a team with fellow counselors. Please give a frank appraisal only on the characteristics you have had the opportunity to observe. If you have not had the opportunity to observe the applicant with regard to any of the traits listed, please mark "N/A" in the right margin. Your opinion will be treated with confidence and will be seen only by those authorized to select new volunteers.

Characteristic	Poor	Fair	Average	Good	Superior
Patience in working with children					
Dependability and reliability					
Maturity					
Emotional stability					
Leadership ability					
Adaptability					
Willingness to follow directions					
Follow-through on assignments					
Ability to get along with people					
Personality					
Neatness					
Personal hygiene					
Initiative					
Enthusiasm					
Degree of tact					
Punctuality					
Ability to accept help					
Ability to accept new situations					
Energy level					

General comments on this applicant:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Person completing this reference: _____

Organization/Business: _____

Title: _____ Phone: _____

Address: _____
Street City State Zip

Relationship to Applicant: _____

Signature: _____ Date: _____

If there is a need to discuss the applicant further, please call Savannah Hanson (501) 225-1444.
Thank you for your assistance!

Please return this form to:
Savannah Hanson
Program Intern
Camp Aldersgate
2000 Aldersgate Road
Little Rock, AR 72205
shanson@campaldersgate.net

Camp Aldersgate
Volunteer Counselor
Reference Form

Please send this form to each of the three people who will give your reference. He/She should mail it back to Camp Aldersgate in a sealed envelope. ***References will not be accepted from relatives or those under age 23****.*

Applicant Name: _____ E-mail: _____

Reference Name: _____ Date: _____

(Person completing the Reference Form)

The person named above has applied for a Volunteer Counselor position at Camp Aldersgate and has given your name as a reference. If selected, the applicant will be assisting children with medical conditions and/or physical disabilities experience a week of summer camp. Volunteers are also required to work as part of a team with fellow counselors. Please give a frank appraisal only on the characteristics you have had the opportunity to observe. If you have not had the opportunity to observe the applicant with regard to any of the traits listed, please mark "N/A" in the right margin. Your opinion will be treated with confidence and will be seen only by those authorized to select new volunteers.

Characteristic	Poor	Fair	Average	Good	Superior
Patience in working with children					
Dependability and reliability					
Maturity					
Emotional stability					
Leadership ability					
Adaptability					
Willingness to follow directions					
Follow-through on assignments					
Ability to get along with people					
Personality					
Neatness					
Personal hygiene					
Initiative					
Enthusiasm					
Degree of tact					
Punctuality					
Ability to accept help					
Ability to accept new situations					
Energy level					

General comments on this applicant:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Person completing this reference: _____

Organization/Business: _____

Title: _____ Phone: _____

Address: _____
Street City State Zip

Relationship to Applicant: _____

Signature: _____ Date: _____

If there is a need to discuss the applicant further, please call Savannah Hanson at (501) 225-1444.
Thank you for your assistance!

Please return this form to:
Savannah Hanson
Program Intern
Camp Aldersgate
2000 Aldersgate Road
Little Rock, AR 72205
shanson@campaldersgate.net

Camp Aldersgate
Volunteer Counselor
Reference Form

Please send this form to each of the three people who will give your reference. He/She should mail it back to Camp Aldersgate in a sealed envelope. ***References will not be accepted from relatives or those under age 23****.*

Applicant Name: _____ E-mail: _____

Reference Name: _____ Date: _____

(Person completing the Reference Form)

The person named above has applied for a Volunteer Counselor position at Camp Aldersgate and has given your name as a reference. If selected, the applicant will be assisting children with medical conditions and/or physical disabilities experience a week of summer camp. Volunteers are also required to work as part of a team with fellow counselors. Please give a frank appraisal only on the characteristics you have had the opportunity to observe. If you have not had the opportunity to observe the applicant with regard to any of the traits listed, please mark "N/A" in the right margin. Your opinion will be treated with confidence and will be seen only by those authorized to select new volunteers.

Characteristic	Poor	Fair	Average	Good	Superior
Patience in working with children					
Dependability and reliability					
Maturity					
Emotional stability					
Leadership ability					
Adaptability					
Willingness to follow directions					
Follow-through on assignments					
Ability to get along with people					
Personality					
Neatness					
Personal hygiene					
Initiative					
Enthusiasm					
Degree of tact					
Punctuality					
Ability to accept help					
Ability to accept new situations					
Energy level					

General comments on this applicant:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Person completing this reference: _____

Organization/Business: _____

Title: _____ Phone: _____

Address: _____
Street City State Zip

Relationship to Applicant: _____

Signature: _____ Date: _____

If there is a need to discuss the applicant further, please call Savannah Hanson at (501) 225-1444.
Thank you for your assistance!

Please return this form to:
Savannah Hanson
Program Intern
Camp Aldersgate
2000 Aldersgate Road
Little Rock, AR 72205
shanson@campaldersgate.net