



Dear Returning Volunteer Counselor,

You've decided you want to continue to be a part of our Volunteer Counselor Program! That's excellent news! Camp Aldersgate is happy to welcome you back, but first a few reminders. Enclosed is your 2019 Volunteer Application Packet which must be completed and returned no later than ***Saturday, March 30, 2019***. Returning volunteers must turn in a new application each year. Paperwork is not too fun, 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. **So, please pay special attention to the packet checklist on the next page in order to complete all the proper forms.** It will answer most of the questions you will have about the Volunteer Application Packet, but the Packet is very similar to last year so there should be no big surprises ahead.

*****All forms must be returned together by or on March 30th 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 quickly and in full.**

As you may already know, volunteering at Camp Aldersgate is one of the most rewarding experiences out there!! We're excited you're ready to come out again 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 COMPLETED packet by March 30th:

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

Camp Aldersgate Volunteer Counselor Application Packet Explanation & Checklist

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.
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:** 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:** 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 Form:** Each **returning** volunteer must list **three** references from adults over the age of 23. The references cannot be from relatives.

<i>Official use only:</i> _____ <i>Interview Date</i> _____ <i>Training Date</i> _____ <i>Fee paid</i>
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****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.**



Camping Programs Returning Volunteer Application

Please return applications to:
Savannah Hanson
Camp Aldersgate
Program Intern
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? _____

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: _____

Person to contact during camp: _____

Name

Phone

VOLUNTEER INTERESTS

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

Summer 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 Camps Year or Years _____

___ Weekend Camps Year or Years _____

___ 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/Asthma 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

2019 Spring Weekend Camps Schedule Preference Form

Name of Volunteer: _____ Date: _____

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

Below is the Camp Aldersgate Spring Weekend Camps Schedule. Weekend Camps are smaller versions of our summer camps for campers ages 6-18. Weekend Camps are for children that have developmental delays and physical disabilities. KOTA Camps are integrated camps for children with and without disabilities. Weekend camps begin at 5:00 PM Fridays and end on Sundays at 11:00 AM. Try it once, you'll love it!

Please indicate which Weekend Camps you would be interested in volunteering below:

<u>Date of Camp</u>	<u>Camp/Theme</u>
February _____ February 15-17	Dinosaurs
March _____ March 8-10	The Quest for Camelot
April _____ April 12-14 (Spring Kota)	Holidays

*Kota Camp - A camp program for campers with disabilities, and his or her non-disabled sibling or friend. These camps are named for the Quapaw Native American word for "friend." Campers with disabilities participate with a brother, sister, or friend and are offered for two weeks during the summer and two weekends during year. Activities are the same as offered in the summer camps, but in addition, this program provides disability awareness and a better understanding of those with special needs.

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 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
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	<i>Tylenol/Ibuprofen</i>	
congestion, minor allergic reaction	<i>Benadryl</i>	
congestion	<i>Sudafed</i>	
congestion	<i>Dimetapp</i>	
cough	<i>Robitussin</i>	
sore throat without fever	<i>Chloraseptic Lozenges</i>	
swimmers ear	<i>Swim Ear</i>	
earache	<i>Auralgin</i>	
eye Irritation	<i>Visine/Normal Saline</i>	
indigestion / nausea	<i>Mylanta / Pepto Bismol</i>	
diarrhea	<i>Immodium/Kaopectate</i>	
abrasions / impetigo	<i>Neosporin/Bacitracin</i>	
poison ivy	<i>Calamine/Atarax/Benadryl</i>	
athletes foot / ringworm	<i>Lotrimin/Mycotin</i>	
pressure sores	<i>Duoderm</i>	

**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.)

(Side 2 of Voluntary Disclosure Form)

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 preceding 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
(Street Address)

Little Rock
(City)

AR
(State)

72205
(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	Agency type:
<input type="text"/>	<input type="checkbox"/> Volunteer (no charge)
Mailing Address (Street or PO Box, City, State, Zip)	<input type="checkbox"/> Non-Profit (no charge)
<input type="text"/>	<input type="checkbox"/> State Agency (no charge)
	<input type="checkbox"/> 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____.

Notary Public

My Commission Expires

[SEAL]

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

_____ 62006 Civil Records Check @ \$25 via postal mail (\$22 via online services) _____ 60007 & 60008 FBI Records Check \$13.25

Returning Volunteer Reference Form

Each returning volunteer must list the name, email, and phone number of three references. References should be adults over the age of 23 and cannot be relatives.

1. Name: _____

Email: _____ Phone Number: _____

Relationship: _____

2. Name: _____

Email: _____ Phone Number: _____

Relationship: _____

3. Name: _____

Email: _____ Phone Number: _____

Relationship: _____