



Volunteer Checklist

This registration package contains the forms and information necessary for all camp volunteers working at the camps who will be in contact with children. It should be used as a checklist to ensure everything we need is submitted. **All volunteers for the in-camp programs working with and around children will need to complete all forms.** All are fill-in PDF forms. Navigate using the tab key and “enter” to place checkmarks. Specific instructions and requirements have been noted for use of each form. Please keep a copy of all forms submitted for your own records. All except the may be scanned and emailed to lionnick@sbcglobal.net , faxed or mailed as noted.

Volunteer Application Form. This form is filled out online. If not already Complete go to the web site <http://www.lionswildcamp.org/applications.html>

Health History Form. This form is a fill-in PDF form. All information must be noted, but no examination is required for volunteers over 18 years of age. All information is confidential and may be hand delivered to the camp Nurse at the beginning of your session. Please note that you are not covered by Workmen’s Compensation for injuries and accidents sustained while at camp.

Mail to: PO Box 195, Knightsen CA 94548, fax to 916-786-9414 (call 1st) or hand carry.

Voluntary Disclosure Statement. Required annually for all volunteers working at an established camp with children. Information is kept confidential and available only to personnel staff.

Mail to: PO Box 195, Knightsen CA 94548 or fax to 916-786-9414 (call 1st)

Live Scan Request Form. This is for the computerized fingerprinting and subsequent background check required for all staff and volunteers working at an established camp with children. The Dept of Justice will report any RELEVANT information based upon convictions for the protection of our campers. Non-relevant information, such as DUI or charges without convictions, is not provided. All information and records are confidential and secured. For the location and fees for completing the live scan, go to: <http://ag.ca.gov/fingerprints/publications/contact.php>.

You must use the Wilderness Camp request form. Complete the form and have live scan performed no later than 3 weeks prior to camp. Results are required before the camp session. **Not required for returning volunteers with results on file.**

After scan, mail copy with processing number to: PO Box 195, Knightsen CA 94548 or fax to 916-786-9414 (call 1st).

Health History Information Form

Required each year and must be submitted prior to or at start of camp. May be given directly to medical staff.

Last name: _____ **First name:** _____ **Middle initial:** _____

Primary emergency contact: _____ **Phone #:** (____) _____

Primary contact email: _____ Secondary phone or email: _____

Name of Physician: _____ **Phone #:** (____) _____

Name of Dentist: _____ **Phone #:** (____) _____

Health Insurance Carrier: _____ **Policy #:** _____

--Include copy of front and back sides of medical insurance carrier cards--

I have no Health Insurance.

Vaccine	Date of basic immunization	Date of last booster
Tetanus (DPT / TD / T)		

Conditions: (Check all that apply and indicate continuous or date of last occurrence)

- | | | |
|--|---|--|
| <input type="radio"/> ADD / ADHD _____ | <input type="radio"/> Asthma _____ | <input type="radio"/> Back Injuries / problems _____ |
| <input type="radio"/> Bed Wetting _____ | <input type="radio"/> Bleeding Disorder _____ | <input type="radio"/> Diabetes _____ |
| <input type="radio"/> Ear Infections _____ | <input type="radio"/> Head Injury _____ | <input type="radio"/> Heart Disease _____ |
| <input type="radio"/> Hepatitis _____ | <input type="radio"/> High Blood Pressure _____ | <input type="radio"/> Migraines _____ |
| <input type="radio"/> Mononucleosis _____ | <input type="radio"/> Rheumatic Fever _____ | <input type="radio"/> Seizures _____ |
| <input type="radio"/> ODD _____ | <input type="radio"/> Sore throat _____ | <input type="radio"/> Tuberculosis _____ |
| <input type="radio"/> Urinary Tract Infections _____ | <input type="radio"/> Psychiatric counseling/hosp _____ | <input type="radio"/> Autism _____ |

Please explain any checked items above or conditions not listed _____

Have you had any serious injury, illness or surgery during this last year? Yes No. If yes, explain: _____

Allergies (Check all that apply)

- Hay Fever Iodine Drug allergies (list below) Food allergies (list below) stings* Insect Bites Other: _____

If immediate medical attention is required for any allergy, specify treatment: _____

*If epinephrine is required, please give to camp nurse. Epinephrine MUST have a physician order on file to give.

Do you require a special diet? Yes No. If yes, please explain: _____

Medications: Please list all medications to be continued while at camp.

Prescription Medication	Dosage	Specific Times taken	Reason

Over the Counter Medication	Dosage	Specific Times taken	Reason

Authorization for Treatment: I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests, treatment, and necessary transportation. In the event I am unable to do so in an emergency, I hereby give permission to the physician selected by the Camp Director or designated medical personnel to secure and administer treatment, including hospitalization. Completed medical forms may be photocopied for trips out of camp.

Signature of Staff or Volunteer _____ **Date:** _____

Voluntary Disclosure Statement
All Camp Staff **FM 16**

Developed and approved by the
American Camp Association
Expires 10/01/06

Mail this form to the address below by _____ (date)

Name _____ Birth date _____
Last First Middle

Home address _____
Street Address City State Zip

Social Security # _____ Other names by which known (e.g., maiden name) _____

Home phone _____ Business phone (if applicable) _____

Cell phone (optional) _____ E-mail address (optional) _____

School or College _____

Address _____
Street Address City State Zip

Driver's License # _____ State _____ Expiration Date _____

1. Previous residence(s) for last five years (include college and home residences):

City _____ State _____ Years _____
City _____ State _____ Years _____
City _____ State _____ Years _____
City _____ State _____ Years _____

(Continue on separate sheet, if necessary.)

2. 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.)

3. 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.)

4. 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 to any person who answers "yes" to any one of questions 2-6. If hired and the employer later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment 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 or 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.

Signature _____ Date _____

Signature of Minor's Parent or Guardian _____ Date _____

