



Camp Goodtimes

CAMP GOODTIMES VOLUNTEER STAFF APPLICATION PACKET

Thank you for your interest in volunteering at Camp Goodtimes. Camp is a unique and uplifting experience.

This application packet is to be used for applying to serve on staff for Camp Goodtimes, a program of the Great West Division of the American Cancer Society.

The packet includes:

- * A staff application form
- * A background check form – “Volunteer Applicant Disclosure & Consent for Release of Information”
- * A Washington State Department of Motor Vehicles Form
- * 3 reference forms for you to distribute and have returned to the camp office

This application packet may be used to apply for a position as staff for *Camp Goodtimes East* in the Spokane area and/or *Camp Goodtimes West* in the Seattle area. **PLEASE INDICATE WHICH CAMP(S) YOU ARE APPLYING FOR ON THE APPLICATION.**

Please return your application, and reference forms to the Camp Goodtimes West office by March 1, 2008.

Camp Goodtimes West
American Cancer Society
P.O. Box 19140
Seattle, WA 91809

The dates for camp are

Camp Goodtimes West
June 22 – June 28, 2008

Staff will gather the starting the Friday prior to camp for training

And

July 27 – August 2, 2008

Staff will gather the starting the Friday prior to camp for training.

BOTH CAMPS WILL BE HELD ON VASHON ISLAND AT CAMP BURTON.

If you have questions please call:

Tom Nielsen, Camp Goodtimes West – 206-674-4188 or 1-800-729-1151

For Office use only

	Application Received		Medical Form Received
	References Received		Agreement Received
	Background Check		Personnel Policies
	Interview		Homework



1.800.ACS.2345
www.cancer.org
CAMP GOODTIMES WEST
American Cancer Society
2120 1st Ave. N
Seattle, WA 98109
Fax: 206-285-3469

Volunteer Application

Application Deadline: March 1, 2008 (Goodtimes West)

Each summer, 160 volunteers will be selected as cabin counselors, rovers, program staff, and camp nurses. Note: Recreational staffing is provided by the camp facility. Other volunteer opportunities available are: program planning, transportation, Clerical support, and special events.

PLEASE PRINT OR TYPE

I am applying to be on staff for: Camp Goodtimes West - June 22 – 28, 2008
 Camp Goodtimes West - July 27 – August 2, 2008
 Both weeks of Camp Goodtimes West

NAME: _____
First Middle Last

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: HOME () _____ - _____ WORK/SCHOOL () _____ - _____ CELL: () _____ - _____

E-mail: _____

Social Network Site: _____
(e.g. MySpace; FaceBook, Xanga, etc. We will be doing random checks as part of our qualification process)

DATE OF BIRTH: ____/____/____ Gender: ____ Male ____ Female

Emergency Contact: _____ Phone: _____ Alternate Phone: _____

SOCIAL SECURITY NUMBER: _____

Years experience at Camp Goodtimes _____

T-Shirt Size: (Please circle one.) Adult Sizes S M L XL XXL XXXL
Sweat Shirt/Jacket Size: (Please circle one) Adult Sizes S M L XL XXL XXXL

- I am interested in volunteering as:**
- Counselor – Preferred Age Group: (please circle) 7-9; 10-12; 13-15; 16-17
Responsibility for cabin group of up to 8-10 campers with a co-counselor
 - Rover - Works with cabin groups as a substitute counselor and as additional staff when needed
 - Program Staff – Prepares and produces program activities for camp
 - Medical Staff – (RN, Nurse Practitioner, Physicians Assistant, or MD) Provides medical care for campers and staff both routine and specific.
 - Arts and Crafts – Works with campers in the Arts and Crafts program.

Employment Information:

CURRENT EMPLOYER: _____ TELEPHONE: () _____ - _____
ADDRESS: _____
CITY: _____ STATE: ___ ZIP: _____

POSITION/TITLE: _____ SUPERVISOR'S NAME: _____

PREVIOUS EMPLOYER: _____ TELEPHONE: () _____ - _____
ADDRESS: _____
CITY: _____ STATE: ___ ZIP: _____

POSITION/TITLE: _____ SUPERVISOR'S NAME: _____

Do you have a valid driver's license? YES NO STATE & NUMBER: _____

Education:

Current highest level of education attained: (circle)
High school: 9 - 10 - 11 - 12 Name of School: _____
College: 1 - 2 - 3 - 4 Name of School: _____
Graduate school - status or degree earned: _____
Medical training - list institutions, medical degrees, certifications, etc: _____
Year degree received: _____

Please List Volunteer Experience:

Agency:	Position:	Supervisor:	Phone:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES: (All Applicants – Form will be returned if not completed with phone and entire address Your application will not be considered until all references are provided)

Camp Goodtimes requires 3 references. Alumni volunteers must list 2 references.
Give names of persons (**not relatives, significant others, or room/house mates**) who have knowledge of your character, experience and ability. It is your responsibility to distribute enclosed reference forms to the people listed below and have them returned by the application deadline.

1. Name: _____ Phone (____) _____ - _____
Address: _____
City: _____ State: _____ Zip: _____
2. Name: _____ Phone: (____) _____ - _____
Address: _____
City: _____ State: _____ Zip: _____
3. Name: _____ Phone: (____) _____ - _____
Address: _____
City: _____ State: _____ Zip: _____

STATEMENT OF ABSENCE OF CRIMINAL RECORD

We will also be conducting a criminal background check. This is covered on "Volunteer Applicant Disclosure & Consent for Release of Information" form. You must return this form to us with this application. The information we ask for deals with criminal history only.

I certify that I have not been convicted of any felony, or offence against children. And, that all information in this application is accurate. I further authorize the American Cancer Society, or its agents, to contact references and current and former employers for reference checks. I understand that any false statements made by me on this application or any supplement thereto, may be grounds for rejection of my application or dismissal from subsequent employment.

Signature Date

(New Staff Applicants Only) Please respond to the following questions on a separate paper.

1) How did you hear about the American Cancer Society Camp?

2) Why would you like to be a volunteer for Camp?

3) What would you like to do as a Camp volunteer?

4) What experience do you have working with children?

5) Describe your camping knowledge and experiences:

6) Describe your experience with pediatric cancer patients:

7) Describe any experience you may have working with the physically or emotionally disabled:

8) Describe any special skills you may have that you'd like to share with the campers (i.e., photography, hair braiding, face painting, juggling, First Aide, Hobbies etc.)



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Volunteer Reference Form

**American Cancer Society
 Great West Division
 Camp Goodtimes**

_____ is applying for a position as a volunteer for Camp. He/she has given your name as a reference and permission to obtain information on his/her past work performance.

Because of the important responsibilities in a program involving children and youth, your considered appraisal of the applicant is important and greatly appreciated. The information you give will remain entirely confidential. Because the information you provide will have a direct impact on the selection of the applicant, **please return this form by April 15, 2008.**

 Name of Reference

 Date

 Position/Title

 Relationship to applicant

 Company Name

 How long have you known applicant?

 City State Zip

 Daytime phone number

PERFORMANCE EVALUATION

	Excellent	Above Avg.	Average	Poor	N/A
Attendance/punctuality					
Work habits/organization					
Productivity					
Attitude					
Ability to work alone					
Relationships with co-workers					
Attitude toward supervisors					
Ability to learn new skills					
Honesty/dependability					

(Over)

Continued

Under each general heading, check the phrase that most accurately describes the applicant's usual behavior with regard to that specific trait. Add your comments if they help make your answers more precise.

- 1. Ability to direct and influence others along definite lines of actions:
 - Exceptional leader, inspires others along desirable lines of action
 - Normally successful in leading others
 - Poor leader, incapable of directing others

- 2. Ability to work with associates and others for the good of the group:
 - Exceptionally successful in working with others
 - Cooperates willingly and actively regardless of self benefit
 - Gives limited cooperation, neglects common good for own interest

- 3. Ability to apply attention, energy and persistence in following through with a job or assignment:
 - Unusual perseverance; does more than expected
 - Completes assigned tasks of own accord
 - Needs much prodding to complete work

- 4. Ability to control emotions:
 - Exceptional balance between responsiveness and control
 - Well balanced, in control
 - Tends to be unresponsive
 - Tends to be over-emotional
 - Easily irritated, depressed, or elated

- 5. Impressions of suitability for service: Would you be willing to have your children under the applicant's supervision for a period of two or more weeks?

- 6. How would you rate the applicant as a role model for children?

- 7. Do you have any concerns or questions about the applicant's behavior or attitude toward children?

- 8. General recommendations or comments:

Signature

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Volunteer Applicant Disclosure & Consent for Release of Information

GWD Camp Name: Camp Goodtimes West Account: 101-101-559 Billing Code: CGT/W

Applicant Information (Please print NEATLY and complete thoroughly to avoid result delays)

First Name: _____ Middle: _____ Last: _____

Other Name(s) Used (like Maiden): _____ Other Name(s) Used: _____

*Social Security No: _____ -- _____ -- _____ *Date of Birth (MM/DD/YYYY): _____ / _____ / _____

*Gender: Male Female Driver's License #: _____ State issued: _____

Current Street Address, City, State, Zip: _____

Former Addresses (1) City, State, Zip: _____ (2) City, State, Zip: _____

** This information will be used for the purposes of background screening only and will not be used in making any volunteer decisions.*

1. Have you ever, under your name or another name, been convicted of or pleaded guilty or no contest to a criminal offense, felony or misdemeanor (including child abuse, neglect or any sexual offense) or participated in a pre-trial deferral or diversion program? Yes No

2. Have you ever, under your name or another name, been convicted of a crime which resulted in your being in prison and released from prison or paroled? Yes No

3. Are you presently out on bail or pending trial for the alleged commission of any crime? Yes No

4. Are there any other facts or circumstances involving your background or the background of others in your household that would call into question your being trusted with the supervision, guidance and care of children/teenagers? Yes No

5. If you answered "Yes" to any of the above, please explain. Indicate date(s) of conviction and the type(s) of offense(s); include those matters for which you have pleaded guilty, no contest, or participated in a pre-trial diversion program (attach additional sheets of paper as necessary): _____

Falsification, misrepresentation and/or omission of criminal conviction are grounds for refusal to accept your volunteer application or to terminate volunteer status. NOTE: A conviction does not automatically disqualify a volunteer applicant. The date, nature and seriousness of the offense will be considered.

NOTICE REGARDING BACKGROUND INVESTIGATION: Please read this disclosure and consent form carefully before signing acknowledgment. Volunteer status is contingent on the results of the background check.

In order to maintain the trust of our donors and demonstrate the integrity of our volunteers and professionals, it is the policy of the American Cancer Society (ACS) to perform volunteer background investigations. In performing these background investigations, we may also request a "consumer report" which may include information about your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living. The investigation may also include motor vehicle record driving checks, credit bureau files, employment references, professional/personal references, any educational and licensing institution or military branch and receipt of any criminal record information (including sexual offenders) pertaining to you which may be in the files of any Federal, State or Local Criminal Justice Agency. These reports may be obtained at any time after receipt of your authorization and, if you become an ACS volunteer, throughout your volunteer career. ACS complies with the Fair Credit Reporting Act (and applicable state law) which provides prospective or current volunteers with rights regarding consumer reports. According to the Fair Credit Reporting Act, if ACS makes any adverse decision with regard to your volunteer status, you will be entitled to receive, upon request and within 60 days, a copy of the background check prepared by InfoMart, 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774. You have the right to dispute the accuracy of the information on the background check with InfoMart. Your signature on this document, the ACS volunteer application, and any other volunteer forms indicates your understanding that ACS may initiate the discussed background investigation. Your signature authorizes ACS to obtain a consumer report for volunteer purposes, including for purposes of making any future decisions concerning your volunteering, promotion or retention as a volunteer. ACS will permit you to revoke (in writing) your permission allowing ACS to obtain this kind of personal information; however, ACS may not consider you for current or future volunteering if not allowed to perform background investigations.

ACKNOWLEDGMENT AND AUTHORIZATION: I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of volunteering is true and complete to the best of my knowledge. I understand that if I become a volunteer, any false or omitted statements will be considered as a cause for possible termination of the volunteer assignment. I acknowledge receipt and certify that I have read and understand or had explained to me the above information and A Summary of Your Rights Under the Fair Credit Reporting Act. I hereby authorize ACS to verify information within an application or resume and to obtain a background check and/or consumer report(s) at any time after receipt of this authorization. I understand that this consent will apply if I am hired or at any time during the course of volunteering and remain in effect until revoked in writing. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by the consumer reporting agency, another outside organization acting on behalf of ACS, and/or ACS itself. This authorization does not include a release of my medical information. I agree that a facsimile (fax), photocopy or scan of this authorization shall be as valid as the original.

Name (Please Print Neatly): _____ Date: _____ / _____ / _____

Signature: _____

**Attachment G
Employee or Prospective Employee Request**

That I, _____, am an employee or prospective employee of the company named below and that I request a copy of my official Driving Record in the State of Washington be released to my employer or prospective employer or their agent.

Authorization of employee or prospective employee for release of abstract of driving record

Signature

Date

WA License # or print full name and date of birth

EMPLOYER ATTESTATION

- A. That the company named below is an employer or prospective employer of the above named individual and that I am a representative authorized to bind said company.
- B. That SOFTECH INTERNATIONAL INC is acting as agent on our behalf to obtain the abstract of driver records of the above named individual.
- C. That abstracts of driver records shall be used exclusively to determine whether the above named individual should be employed to operate a school bus or commercial vehicle upon the public highways, and that no information contained therein shall be divulged, sold, assigned, or otherwise transferred to any third person or party. A commercial vehicle is defined as any vehicle the principal use of which is the transportation of commodities, merchandise, produce, freight, animal, or passengers for hire as defined in RCW 46.04.140, and commercial motor vehicles as defines in Chapter 46.25 RCW.
- D. That the information contained in the abstracts of driver records obtained from the DEPARTMENT shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130, attached in part for easy reference.

By affirming my signature below, I declare under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct.

American Cancer Society, Great West Division
COMPANY NAME

2255 S. Oneida Street Denver, CO 80224
Address

Thomas C. Nielsen, Camp Director
Name (print) Title

Signature Date

The employer or prospective employer must maintain this record for a period of not less than two (2) years from the date of the most recent request. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.

Attention Washington Resident: Please complete this form and return with *Form 2015 Volunteer Applicant Disclosure & Consent for Release of Information* to Camp Manager.

Attention ACS Camp Manager: Please print / sign name, title and date in the "Employer Attestation" section then fax this form to InfoMart at 770-984-8997. No cover sheet required.