

2015 Program Volunteer Application

The Painted Turtle is an equal opportunity employer. All applicants are screened without regard to race, age, gender, religion, martial status, sexual orientation, or disability. All information will be held confidential unless specified otherwise.

This application is broken into two parts.

- Part 1: Application to work/volunteer at The Painted Turtle
- Part 2: Medical Information

Once you have completed this application please return it to us either by email or fax.

Kiley Wolff- kileyw@thepaintedturtle.org Fax: 310-451-1357

Part 1

Personal Information

First Name: Middle Name: Last Name:

Preferred Name/Nickname: Gender: Date of Birth:

Email:

Confidential Information (Optional)

The Painted Turtle is made possible through generous donations and grants from public and private organizations. Without these generous gifts, the cost for each camper to attend a week at camp would be approximately \$2500. Please complete the following information, which helps our prospective donors evaluate our programs. This information is for demographic purposes only, and will remain anonymous and confidential. (Optional)

Ethnicity: African American American Indian Asian/Pacific Islander Caucasian Latino Other

How did you hear about The Painted Turtle? (Please be specific)

Internet Delta Zeta Phi Kappa Tau Word-of-Mouth Other Referral Source:

Phone Number/Address

Please provide at least one number and check which number is the preferred number:

Home Phone: Mobile Phone: Work Phone:

Street Address:

City: State: Zip Code: County:

Languages

Do you speak or read any languages other than English (including Sign Language)? How fluent are you?

Language(s): Is this Language(s) your preferred language?

Reading Level: (high, medium, low) Speaking Level: (high, medium, low)

Employment Records- Provide us with a summary of your recent employment positions. (Last 1-2 positions)

Business Name: Title:

I am also interested in getting my employer involved with The Painted Turtle (i.e. Corporate Volunteer Day, matching gifts program, etc.) and wish to be contacted regarding these opportunities.

Business Name: Title:

I am also interested in getting my employer involved with The Painted Turtle (i.e. Corporate Volunteer Day, matching gifts program, etc.) and wish to be contacted regarding these opportunities.

Applicant Name: Date of Birth: Part 1-2

References (If you are a returning volunteer, please skip the References Section) Please provide the attached Reference form to the references that you have listed below.

Please provide three references (present employer, supervisor, former camp supervisor, etc.). At least 2 of your 3 references should be from current/recent supervisors or managers. One may be from a colleague/peer. If names of your professional references, their relationship to you and their contact information are clearly listed on your attached CV, then you do not need to relist them here.

*Friends and family members should not be used as references.

Reference #1: Name: Email:
Phone Number Type Home Mobile Work Professional Relationship Type: Coworker
 Employer

Job Title: Company Name:

In what capacity did you work with this reference?

Reference #2: Name: Email:
Phone Number Type Home Mobile Work Professional Relationship Type: Coworker
 Employer

Job Title: Company Name:

In what capacity did you work with this reference?

Reference #3: Name: Email:
Phone Number Type Home Mobile Work Professional Relationship Type: Coworker
 Employer

Job Title: Company Name:

In what capacity did you work with this reference?

Education Records

School Name:

Start Date: End Date: Diploma/Degree:

School Name:

Start Date: End Date: Diploma/Degree:

Certifications

Certifications- Are you certified in any of the following?

Check all that apply and include a copy of card/certification

First Aid ACLS CPR/BLS PALS Life Guard Water Safety Instructor Ropes Course

Equestrian Other

Additional Applicant Information:

Please share with us any further information that might assist your application.

Applicant Name:

Date of Birth:

Work Experience

Are you legally authorized to work in the U.S.? Yes No If No, please explain:

Have you volunteered at The Painted Turtle before? Yes No If Yes, when, where, and in what capacity:

Have you ever worked or volunteered at another SeriousFun Camp before? Yes No If Yes, when, where, and in what capacity:

Criminal Offense

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No
 Convictions for marijuana-related offenses that are more than two years old need not be listed.

If yes, please outline the conviction(s):

Desired Position(s)

Please mark the position(s) you are applying for. Applicants must be 19 years of age.

Volunteer Positions:

- Day Event Volunteer Cabin Counselor (Volunteer) (Summer Camp Only)
- Kitchen Volunteer (This is a daytime role only. No on site housing is provided)
- Equestrian Volunteer (This is a daytime role only. No on site housing is provided)
- Family Weekend Volunteer (Family Weekends Only)
- Painted Turtle Outreach (In-hospital/outreach program, previous Painted Turtle camp experience required)

Volunteer Program Area: Please indicate below which program area you are interested in volunteering

- Woodshop Arts and Crafts Boating & Fishing Pool* Ropes Course

*indicates: Certification is not required to apply but will required for summer employment

Session Availability

Please check the session(s), for which you are available to volunteer.

Volunteer Orientation for our summer sessions will take place the day before campers arrive, so please note your arrival date.

Fall Sessions:

	Name	Date	Volunteer Arrival Date
<input type="checkbox"/>	Primary Immunodeficiency Diseases, Liver and other Organ Transplant Family Weekend	September 25 - 27, 2015	Friday, September 25
<input type="checkbox"/>	Asthma, Allergy and Epilepsy Family Weekend	October 9 - 11, 2015	Friday, October 9
<input type="checkbox"/>	Rheumatic Diseases and IBD Fall Family Weekend	October 23 - 25, 2015	Sunday, October 25
<input type="checkbox"/>	Kidney Disease and Transplant Family Weekend	November 6 - 8, 2015	Friday, November 6
<input type="checkbox"/>	Congenital Adrenal Hyperplasia (CAH) Family Weekend	November 20 - 22, 2015	Friday, November 20
<input type="checkbox"/>	Holiday Gathering	December 5, 2015	December 5, 2015

Applicant Name:

Date of Birth:

1st time Volunteer Applicant Questionnaire (Returning Applicants- Proceed to questions below)

(please use an additional piece of paper if response does not fit in space provided.)

What volunteer or work experiences have helped you to prepare for this position?

Tell us about an event or experience that has had a significant impact on your life.

What would you bring to this position that would benefit the campers?

What do you hope campers will gain from this camp experience? What do you hope to gain from this camp experience?

What are your expectations of a camp experience?

Are you interested in receiving additional communications regarding our volunteer and staff alumni program? Yes No

Are you interested in applying for a Summer staff position in 2016? Yes No

Returning Volunteer Applicant Questionnaire

(please use an additional piece of paper if response does not fit in space provided.)

Indicate below which programs you have participated in:

- Summer Session(s) Family Weekend(s) Day Events: Camp on the Move, Holiday Gathering, Spring into Camp

What is your proudest moment at The Painted Turtle?

What was the most challenging aspect of your past experience at The Painted Turtle? What did you learn from this?

What are your goals as a volunteer at The Painted Turtle in 2015?

Are you interested in receiving additional communications regarding our volunteer and staff alumni program? Yes No

Are you interested in applying for a Summer staff position in 2016? Yes No

Applicant Release and Authorization

*To ensure the safety of children, parents and staff at The Painted Turtle, a background check is required for each candidate before an offer of staff or volunteer position is made.

Please read carefully and agree below:

I hereby authorize The Painted Turtle to obtain information pertaining to any charges or convictions I may have for federal and state criminal law violations. The information will include, but not be limited to, allegations and convictions committed upon minors, and will be gathered from any law enforcement agency of this state or any other state or federal government to the extent permitted by state and federal law.

I also authorize The Painted Turtle to share this information and the results of the background check with other organizations and agencies with whom The Painted Turtle works to ensure the safety of all campers. Such organizations include Crohn's and Colitis foundations of America, Muscular Dystrophy Associations, Hemophilia Foundation of Southern California, National Kidney Foundation, and my include other similar organizations in the future.

I also authorize all persons, public agencies, courts, schools, employer companies and corporations to supply verification of the information provided in my application as well as evaluation of my prior performances, and I release them from all liability from their doing so.

- The above statements are true and complete to the best of my knowledge.
- upon the offer of a position (salaried or volunteer), I understand I must supply the camp with an updated medical evaluation, to be forwarded by my physician.
- Any falsification, misrepresentation, or incompleteness in this disclosure is alone grounds for disqualification or termination.
- The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application.

In addition to the address listed on page 1 of this application, please provide a complete history of your residence for the past 3 years.

Street Address: From: m/y To: m/y

City: State: Zip Code: County:

Street Address: From: m/y To: m/y

City: State: Zip Code: County:

Personal Information

Alias/Other Names Used: Social Security Number:

Driver's License State: Driver's Licence Number:

I have reviewed my applicaiton, and completed all requirements.

I agree to the terms above, and authorize the background check.

Signature: Date:

This is the end of Part 1 of the application. You can submit your application at this point by email or fax. To assist in expediting your application, you can also submit Part 2 at this time or wait until directed by one of our Program Volunteer team..

Phone: 310-451-1353

Fax: 310-451-1357

For questions please contact:

Kiley Wolff kileyw@thepaintedturtle.org or ext 117

The Painted Turtle

2015 Program Staff/Volunteer Application

Applicant Name:

Date of Birth:

This application is broken into two parts.

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- Part 2: Medical Information

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Kiley Wolff: kileyw@thepaintedturtle.org or Fax: 310-451-1357

Part 2**Medical Policy for Camp Staff and Volunteers**

The infirmary on camp, The Well Shell, is committed to maintaining not just our campers' health, but your health as well. There are physicians and nurses on camp when we are in session. We are here to address the expected and unexpected medical/health care issues that may arise at camp.

This document outlines the medical policies that pertain to you while at The Painted Turtle. Please note that all medical paperwork, including a copy of your complete immunization record (or other official vaccine documentation), must be submitted as soon as possible and no later than 2 weeks prior to your scheduled family weekend and/or 1 month prior to your scheduled summer session.

Medical History Form:

- All individuals who will be on camp while we are "in session" must complete a "**Medical History Form**". This should be submitted on your first commitment, and repeated yearly. Please indicate any significant changes in health such as: concussion, major surgery, hospitalization or new diagnosis.

Physical Exam Form:

- Anyone who will be staying overnight on camp while we are in session must provide a "**Physical Exam Form**," which is to be completed by a physician (MD/DO), physician's assistant (PA-C), or nurse practitioner (NP). This form can either be our official Painted Turtle physical exam form or a copy of a previously completed physical exam (as long as all of the required information is provided on the form). The exam must have been completed within the last 12 months prior to your first commitment. A new exam will be required every five years, but may be required yearly if you have had a significant change in health or major surgery since your previous physical. **Physical exams will NOT be done by our camp physicians and MUST be completed and turned in PRIOR to your arrival at camp.**

Immunization Requirements:

- Please read the attached **2015 Immunization Requirements** carefully and ensure you have completed all the required vaccinations. You will likely be able to obtain a vaccine history record from any one of the following sources: high school/college health office, healthcare provider, or parent. **A copy of your complete immunization record (or other official vaccine documentation) must be provided as soon as possible once you have been accepted to attend a session at camp** (so that you have time to fulfill any unmet requirements.) **Please note that, if you are not in full compliance with The Painted Turtle Immunization requirements, you will not be able to attend camp.**

Health Insurance:

- Health insurance is required for all volunteers working greater than 2 summer sessions (STRONGLY recommended for all others). Please be aware that most of the physicians on site are pediatricians. Any staff care requiring labs, diagnostic tests/studies, or anything outside the Well Shell staff's capabilities will be referred off camp for evaluation and/or treatment. **Any expense incurred for medical or other care received on or off camp is the sole responsibility of the volunteer being treated. Please provide a copy of your insurance card (and prescription drug card, if separate) along with your volunteer packet.**

Volunteer Medications, Dietary Restrictions, and Other Individual Medical Needs:

- All individuals **living in the cabins with our campers** will be required to turn in all **prescription and non-prescription medications** (including vitamins/supplements) to the Well Shell prior to camper arrival. The camp nursing staff will dispense the medications to you as prescribed. **This is a mandatory state regulation**. The only exceptions to this rule are Epi-pens and albuterol inhalers, which may be carried securely on your person for emergency use. Please inform medical staff that you are carrying them when you check in
- Please indicate **specific diet restrictions or special dietary needs** on the appropriate forms and submit *prior to your arrival at camp*.
- **All volunteers with significant, on-going medical needs including chronic medical conditions, pain management requiring narcotics, uncontrolled blood glucose levels, significant cardiac history, on-going chemotherapy or treatments that may be of concern during the camp session may be contacted by the Medical Director, Dr. Kathy Reynolds at kathy@thepaintedturtle.org, to discuss how to address these needs at camp.**

I certify that I have read and understood the above health requirements. I will comply with The Painted Turtle Medical Policy.

Immunization Requirements and Checklist

1) REQUIRED Immunizations that MUST BE DOCUMENTED by a MEDICAL PROVIDER:

Documented proof is any one of the following:

- (1) a copy of your official immunization record
- (2) school records with dates of the specific vaccines
- (3) lab results for blood titers showing immunity to Measles, Mumps, Rubella and/or Varicella
- (4) a healthcare provider-signed Painted Turtle Physical Exam form with dates of the TB skin test, MMR, & Varicella vaccines/titers/disease
- (5) a healthcare provider-signed prescription pad note listing dates of the specific vaccines (TB skin test, MMR, & Varicella) or date of chicken pox disease/titers. Titers must show results.

Varicella (Chicken Pox): Vaccination must be received at least 2 weeks prior to camp

- 2 doses of the Varivax (Varicella) vaccine *or* a documented history of the chicken pox disease are required to attend camp.
- Shingles vaccine may satisfy varicella vaccination requirements.
- DO NOT ATTEND CAMP IF YOU HAVE HAD CONTACT WITH A PERSON WITH Chicken Pox or Shingles IN THE 3 WEEKS PRIOR TO CAMP OR IF A RASH AT THE VACCINATION SITE IS PRESENT (within 2 weeks of vaccination).

Measles, Mumps and Rubella (MMR): Vaccination must be received at least 2 weeks prior to camp

- 2 doses of MMR vaccine are required to attend camp (both doses must be given *after* the first birthday)

NOTE: Exceptions to receiving the Varicella and MMR vaccines (*Must be documented by medical provider*):

- Positive titers (blood test that shows immunity) to varicella and/or measles, mumps, and rubella.
- For MMR you may be exempt if you were born before 1957.
- Proof of disease with date documented by medical professional.
- If you are medically unable to receive live vaccines, please have your physician provide us with this information.

*** If you do not meet the above requirements and are unsure whether or not you are immune to Varicella (chicken pox) or Measles/Mumps/Rubella, you must call camp and speak to the Medical Director. You may need to have a simple blood test (called a titer) to determine your immunity status. (***This is a serious concern for our campers with compromised immune systems***)

PPD/TB skin test (*please call with all POSITIVE results*):

- TB skin test is required at the time of employment
- A TB risk questionnaire is required to be completed **yearly**, regardless of when initial TB skin testing was completed.
- Repeat TB skin testing maybe required at the discretion of the Well Shell medical Staff
- TB test is required every two years for all Well Shell Staff and volunteers

Seasonal Flu Vaccine (*required for volunteers attending session from October 1 through April 30*)

Hepatitis B (*Required for medical staff/volunteers ONLY; strongly recommended for all other volunteers*):

- 2-3 injection series, depending on which vaccine is used. The series takes 6 months to complete, so please plan accordingly.

2) REQUIRED Immunizations that MAY BE SELF-REPORTED on Medical History Form:

Tetanus (TdaP):

- Last tetanus booster must be 9½ years or less from the beginning of the camp session.
- If you are due for a tetanus booster, please request the Adacel (TdaP) vaccine, which also protects against pertussis.

Hepatitis A (*Required for kitchen volunteers ONLY; strongly recommended for all other volunteers*):

- 2 dose vaccine series, 6 months apart

3) RECOMMENDED STRONGLY (but not required) Immunizations:

Menactra (*Meningococcal Meningitis vaccine*):

- This 1 dose vaccine protects against meningitis and is *strongly recommended* for all multi-session volunteers.

I will provide acceptable documentation of all vaccination requirements.

Applicant Name:

Date of Birth:

Medical Questionnaire

Significant Medical History: (surgery, serious injuries, hospitalizations, previous back injuries with dates, if NONE apply, please indicate NONE)

Have you had any significant change in health or major surgery in the past 12 months? Yes No
i.e. hospitalizations, surgery, concussions, new diagnosis, new medications, etc.

If Yes, please describe:

Current Medical Conditions: (migraines, asthma, diabetes, etc., if NONE apply, please indicate NONE)

List any physical restrictions or limitations on activity (including lifting restrictions): (if NONE apply, please indicate NONE)

Dietary Restrictions: (if NONE apply, please indicate NONE)

List any other special considerations/accommodations you may require while at camper (physical, social, or mental health):
(if NONE apply, please indicate NONE)

Allergies

Does the individual have any allergies? Yes No If yes, Has the individual seen an allergist for these allergies? Yes No
(Please do not list hay fever or seasonal allergies)

Please list all known allergies and their reactions

Allergen Type (Medication, Food, Other)	Allergen	Describe Reaction	Epi-Pen Prescribed
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Medication

Does the individual have any medications? Yes No If yes, please list below.

Medication Name	Strength	Dose	Frequency

Applicant Name:

Date of Birth:

Physical Exam

Anyone who will be staying overnight on camp while we are in session must provide a "**Physical Exam Form**," which is to be completed by a physician (MD/DO), physician's assistant (PA-C), or nurse practitioner (NP). This form can either be our official Painted Turtle physical exam form or a copy of a previously completed physical exam (as long as all of the required information is provided on the form). The exam must have been completed within the last 12 months prior to your first commitment. A new exam will be required every five years, but may be required yearly if you have had a significant change in health or major surgery since your previous physical.

Physical exams will NOT be done by our camp physicians and MUST be completed and turned in PRIOR to your arrival at camp.

Seasonal Flu Vaccine

Vaccine is required is applying to attend any session between October 1 through April 30.

Please submit proof of your Seasonal Flu Vaccine with your application.

Immunizations

Please submit one of the following forms of proof for your immunizations. Returning Applicants do not need to resubmit immunization records unless you have received a vaccine since they were last provided.

Documented proof is any of the following:

- (1) A copy of your official immunization record. Official immunization records vary and TPT reserves the right to determine acceptable immunization records. TPT strongly recommends documentation directly from your doctor's office or with physician signature or verification.
- (2) School records with dates of the specific vaccines.
- (3) Lab results for blood titers showing immunity to Measles, Mumps, Rubella and/or Varicella.
- (4) A healthcare provider-signed TPT Physical Exam form with dates of the TB skin test, MMR, & Varicella vaccines/titers/disease.
- (5) A healthcare provider-signed prescription pad note listing dates of the specific vaccines (TB skin test, MMR, & Varicella) or year of chicken pox disease/titers.

TB Risk Questionnaire

Yes No 1. Have you ever had a positive TB skin test? Any other positive TB test? If yes, please provide detailed information including specific dates.

Yes No 2. Have you ever been diagnosed with TB or told that you have been exposed to TB? If yes, please provide detailed information including specific dates.

Yes No 3. Have you ever been treated for TB or possible exposure? If yes, please provide detailed information including specific dates.

Yes No 4. Have you had any of the following symptoms for greater then 2 weeks that would lead you to believe you might have TB: chronic fatigue, bloody sputum, weight loss, persistent cough, oand/or night sweats? If yes, please provide detailed information including specific dates.

Yes No 5. Do you have HIV infection, organ transplant, cancer, or other condition that puts you at high risk for TB disease? If yes, please provide detailed information including specific dates.

Applicant Name:

Date of Birth:

TB Risk Questionnaire (Continued)

Yes No 6. Do you inject drugs not prescribed by a doctor? If yes, please provide detailed information including specific dates.

Yes No 7. Have you ever spent time with a person with TB or someone with a prolonged productive cough (>2 weeks)? If yes, please provide detailed information including specific dates.

Yes No 8. Are you from a country or have you done extensive (>2 weeks) travel to a country where TB disease is very common? If yes, please provide detailed information including specific dates.

Yes No 9. Do you live or work somewhere in the U.S. where TB disease is common? If yes, please provide detailed information including specific dates.

TB Risk Questionnaire Acknowledgement

Select ONLY ONE of the statements below to acknowledge that you have completed and understood this questionnaire. DO NOT select both, as this may cause a delay in processing your application.

- I have read this information and certify I am not at risk for TB infection.
- I have read this information and will obtain TB testing prior to my next camp volunteer/staff experience at The Painted Turtle.

Consent for Medical Treatment

I hereby grant, in the event it is necessary, permission to the health care staff at The Painted Turtle or consulting physicians to obtain laboratory tests or x-rays, to administer routine and other medication, and to provide any emergency or routine care required. I authorize the release of my medical information for the purpose of any necessary medical treatment.

- I hereby consent to receiving medical treatment.
- I authorize the release of my medical information for the purpose of any necessary medical treatment.

Medical Insurance

In the event of an medical emergency, please attached a copy of your medical insurance card. Please insure that this coverage is valid for medical treatment in the state of California.

Physician

Name: Speciality: Phone:

Emergency Contact

First Name: Last Name: Relationship:

Phone: Type:

Application Part 2 Submission

I have reviewed my application and completed all requirements.

Signature: Date:



The Painted Turtle Program Volunteer Reference Check Form

The Painted Turtle
17000 Elizabeth Lake Road
Lake Hughes, CA 93532
Tel: 661-724-1768
www.thepaintedturtle.org

Instructions to VOLUNTEER APPLICANT:

Please provide **THREE (3)** references. References may be from **professional** contacts (employer, advisors, professors) or **semi-professional** contacts (co-workers, volunteers, coaches, community leaders). At least **TWO professional recommendations are required** and **NO** references may be completed by close friends or family members. **Submission;** The volunteer should inform reference writers to individually fax references directly to the Well Shell Coordinator at the Painted Turtle.

Instructions to REFERENCE WRITER:

Thank you for taking the time to complete our reference form! This individual is applying to volunteer at The Painted Turtle, a camp for children with chronic and life-threatening illnesses. Volunteers will work with children at our facility for either a weekend or week-long session. We appreciate your honest evaluation of the applicant's abilities to fulfill these duties. **Note: References may NOT be completed by close friends or family members.** Submission instructions below

1. What is the applicant's Name?

2. In what capacity have you worked with or supervised the applicant? How long have you known the applicant?

3. Please describe this individual's personality.

4. Please rate the applicant on the following attributes. Please rate the applicant on a scale of 1-5. **1** being the least qualified and **5** being the most qualified. (Please put an X in box next to each attribute).

	1	2	3	4	5	N/A	Comments
Example				X			
Maturity							
Responsibility							
Dependability							
Adaptability							
Perseverance							
Patience							
Team Work							
Conflict Resolution							
Good Judgment							
Works well w/ children							

5. This individual will be working closely with children who may have serious medical conditions. Please keep in mind that this setting can be both physically and emotionally demanding, often requiring long hours. Do you feel that this applicant will be successful in this environment? (Y/N, please explain).

Yes, I feel without hesitation that this person will be successful in this environment.
 No, I have hesitations about this individual being successful in this environment. If no, please explain:

6. Is there anything else you feel we should know about this applicant? Please list any reasons you feel that this candidate should or should not be considered for this position.

Reference Contact Information _____

Position/Company:
Phone Number:
E-mail Address:

Reference Signature & Date: _____

Reference Name printed: _____

Submission Instructions: We do accept electronic signatures. You may either (1) return this form to applicant in a sealed envelope with your signature across the flap **OR** (2) submit this form directly to The Painted Turtle via fax, e-mail or mail to:

Molly Rohan, Outreach Associate
Fax: 310-451-1357 **Email:** mollyr@thepaintedturtle.org
Mail: 1300 4th St, Suite 300, Santa Monica, CA 90401