

Ronald McDonald Camp 2010
VOLUNTEER STAFF APPLICATION
CAMP DATES: AUGUST 14th-21st

Mail Application, Health form, TB Test Result, NBI Release form and check for \$13.00 (if applicable) to:

Carolann Costa
Ronald McDonald Camp
100 E Erie Avenue
Philadelphia, PA 19134

ALL MATERIALS MUST BE RECEIVED BY JUNE 1, 2010

Please check: **Returning Counselor** **New Counselor Applicant**

I. Personal Information:

Name _____

Age _____ DOB _____ SS # _____

Home Address _____

Telephone _____ E-mail Address _____

If applicable, please indicate your school mailing address.

_____ Effective Dates _____

II. Employment History

Current Company / Organization and Address

Position _____ Part Time _____ Full Time _____ Employment

Dates _____ Supervisor _____ Phone _____

Previous Company / Organization and Address

Position _____ Part Time _____ Full Time _____ Employment

Dates _____ Supervisor _____ Phone _____

III. Volunteer / Childcare / Camp experience (Returning counselor move to section IV.)

1) Organization / Camp and Address _____

Position _____ Age of children _____

Dates _____ Supervisor _____

Phone _____

2) Organization/Camp and Address _____

Position _____ Age of children _____

Dates _____ Supervisor _____

Phone _____

IV. General Information

a. Circle gender and size for staff shirt: ladies or men's S M L XL 2XL

b. How did you hear about RMC?

____ Newspaper ____ TV ____ Radio ____ RMC Volunteer ____ Other

Referred by _____ Other: _____

c. Indicate the age group you would most like to work with, please number by order of preference, we will do our best to accommodate your request:

____ 7-9 ____ 10-12 ____ 13-15 ____ 16-17 ____ no preference

d. List anyone you would like to be a co-counselor with; we will do our best to accommodate your request. _____

e. List below if you have any special interests that you would like to potentially teach or assist with at camp. Indicate if you are certified:

Application Essay: Please attach to application

New Counselors: What do you believe your role at camp will look like during the week? What would you personally like to contribute by being a volunteer counselor?

Returning Counselors: Please share an experience you've had at camp that captures the essence of camp or the reason you wish to return. Please be specific. Thanks!

The information I have provided in this application packet is true and complete. I understand that by submitting this application I hereby attest that I have no criminal record nor have a past history of child abuse as indicated by my clearance checks. I understand that if I am selected as a volunteer, any false statements or references will be grounds for immediate dismissal.

Signature _____ Date _____

Ronald McDonald Camp 2010 Staff Application

Our Mission Statement:

The mission of Ronald McDonald Camp is to provide a true overnight summer camp experience for children being treated for cancer and their siblings, ages 7-17. Our camper-centered program is designed to foster independence, friendship and group belonging among campers who share a common experience with cancer. The ultimate goal is to be a place where kids can enjoy being kids.

Your voluntary time and dedication as a member of the Ronald McDonald Camp staff are greatly appreciated. As we strive to attain and surpass our Mission Statement, it is critical that every staff member is fully committed to the program and understands the expectations outlined in the agreement below. Our foremost goal is to provide our campers with the best camp experience possible in a safe environment. Your attention to and agreement with the items below will insure that we are able to accomplish our goals.

Counselor Agreement

1. I agree to remain at camp from the beginning of orientation until the final staff meeting on the last day of camp. If unforeseen circumstances arise (i.e. family emergency), I will discuss this with the Camp Director so that the needs of the program will continue to be met.
2. I will **not** leave camp property during the camp session without consent of the Camp Directors.
3. I will **not** use or bring alcohol, tobacco products or any illegal substances which are strictly prohibited on camp property or during any sanctioned camp activities off camp property.
4. I agree to keep all prescription and other medications in the camp wellness center.
5. I understand that RMC cannot be responsible for my personal possessions and that I should not bring valuable items to camp.
6. I understand that there is a 1:00am curfew. I agree to be inside my own cabin by this time each night.
7. I agree to refrain from pranks or other activities which divert time, attention and energy away from the campers and camp program.
8. I understand that campers must always be supervised by an adult staff member. I agree to never leave my campers unsupervised.

9. I will maintain friendly and supportive relationships while at camp. I also agree to refrain from any intimate, suggestive or sexual activities with anyone at camp.
10. I will be at all scheduled activities on time and prepared to fully participate.
11. I agree to use golf carts only if I am authorized to do so to transport campers or supplies. I will drive golf carts safely and responsibly.
12. I will maintain appropriate and acceptable standards of dress and behavior while at camp as listed in the staff manual.
13. I agree to respect the Timber Tops camp facility and its natural environment.
14. I understand that Counselors in Training (CIT's) are participating in a supervised leadership training program and are not considered nor do they have the responsibilities of camp staff. I will respect and support their training process and provide a role model of leadership.
15. I give permission to Ronald McDonald Camp to use photographs and video in which I may appear for purposes of advertisement and donor solicitation.
16. I will read the staff manual thoroughly prior to camp.

I understand that failure to comply with any of the above terms could result in my being asked to leave camp or not be eligible to return as a staff member in future years.

Print name _____

Signature _____ Date _____

Instructions for Criminal Record Check/Child Abuse Clearance forms

Returning Counselors:

I _____ give RMC permission to do a National Sex Offenders Registry check on me to complete my application _____ (no further action is needed)
Signature of applicant

New Applicants:

You must complete a Criminal Background Check and a Sex offender registry clearance this year.

You are responsible for the \$13.00 fee for the clearance process. Please send a check or money order made out to Ronald McDonald Camp. **DO NOT SEND CASH.**

Please fill out the NBI Applicant Release Form. Please be sure that you fill in all information. Return your check for \$13.00 with your application.

Thanks for helping us with this process!

Ronald McDonald Camp 2010
CAMP COUNSELOR REFERENCE #1 (new counselors only)

_____ is applying for a volunteer position at Ronald McDonald Oncology Camp, a weeklong overnight camping experience for children (7-17yrs) who have or had cancer. Volunteers are responsible for the safety, happiness and well being of a group of campers. Please complete this form honestly to help us determine if this prospective staff member will be a positive role model for young people. Please note we may contact you in case some follow up information is desired.

Name _____ Phone # _____

Address _____

Relationship to applicant? _____ For how long? _____

Please rate the applicant in the following areas using a 0-4 scale
(0 = poor, 1 = fair, 2 = average, 4 = good, U = cannot evaluate):

_____ Ability to work with others	_____ Ability to seek & accept supervision
_____ Communication Skills	_____ Ability to live with children 24/7
_____ Ability to work with children	_____ Judgment / common sense
_____ Ability to handle change	_____ Punctuality
_____ Listening skills	_____ Patience
_____ Supervision skills	_____ Ability to work with adults

Knowing that we do not expect any applicant to be outstanding in all areas, please honestly assess this applicant using the following statements:

Strongly Agree - Agree - Neutral - Disagree - Strongly Disagree

Applicant has a positive self-image _____

Applicant is a leader _____

Applicant follows directions well _____

Applicant is self-motivated _____

Applicant thinks up new ideas _____

Would you feel comfortable having your child in this person's care for one week?

___ Yes ___ No

Realizing we all have areas in which we can improve, in your opinion, in what areas does the applicant exhibit limits or weaknesses?

General Comments:

Signature _____ Date _____

Please send to: Carolann Costa, Ronald McDonald Camp, 100 East Erie Avenue Philadelphia, PA 19134
Phone: 215 291 0907 Fax: 215 291 0895

Ronald McDonald Camp 2010
CAMP COUNSELOR REFERENCE #2 (new counselors only)

_____ is applying for a volunteer position at Ronald McDonald Oncology Camp, a weeklong overnight camping experience for children (7-17yrs) who have or had cancer. Volunteers are responsible for the safety, happiness and well being of a group of campers. Please complete this form honestly to help us determine if this prospective staff member will be a positive role model for young people. Please note we may contact you in case some follow up information is desired.

Name _____ Phone # _____

Address _____

Relationship to applicant? _____ For how long? _____

Please rate the applicant in the following areas using a 0-4 scale
(0 = poor, 1 = fair, 2 = average, 4 = good, U = cannot evaluate):

_____ Ability to work with others	_____ Ability to seek & accept supervision
_____ Communication Skills	_____ Ability to live with children
_____ Ability to work with children	_____ Judgment / common sense
_____ Ability to handle change	_____ Punctuality
_____ Listening skills	_____ Patience
_____ Supervision skills	_____ Ability to work with adults

Knowing that we do not expect any applicant to be outstanding in all areas, please honestly assess this applicant using the following statements:

Strongly Agree - Agree - Neutral - Disagree - Strongly Disagree

Applicant has a positive self-image _____

Applicant is a leader _____

Applicant follows directions well _____

Applicant is self-motivated _____

Applicant thinks up new ideas _____

Would you feel comfortable having your child in this person's care for one week?

___ Yes ___ No

Realizing we all have areas in which we can improve, in your opinion, in what areas does the applicant exhibit limits or weaknesses?

General Comments:

Signature _____ Date _____

Please send to: Carolann Costa, Ronald McDonald Camp, 100 East Erie Avenue Philadelphia, PA 19134
Phone: 215 291 0907 Fax: 215 291 0895

Ronald McDonald Camp 2010
CAMP COUNSELOR REFERENCE #3 (new counselors only)

_____ is applying for a volunteer position at Ronald McDonald Oncology Camp, a weeklong overnight camping experience for children (7-17yrs) who have or had cancer. Volunteers are responsible for the safety, happiness and well being of a group of campers. Please complete this form honestly to help us determine if this prospective staff member will be a positive role model for young people. Please note we may contact you in case some follow up information is desired.

Name _____ Phone # _____

Address _____

Relationship to applicant? _____ For how long? _____

Please rate the applicant in the following areas using a 0-4 scale
(0 = poor, 1 = fair, 2 = average, 4 = good, U = cannot evaluate):

_____ Ability to work with others	_____ Ability to seek & accept supervision
_____ Communication Skills	_____ Ability to live with children
_____ Ability to work with children	_____ Judgment / common sense
_____ Ability to handle change	_____ Punctuality
_____ Listening skills	_____ Patience
_____ Supervision skills	_____ Ability to work with adults

Knowing that we do not expect any applicant to be outstanding in all areas, please honestly assess this applicant using the following statements:

Strongly Agree - Agree - Neutral - Disagree - Strongly Disagree

Applicant has a positive self-image _____

Applicant is a leader _____

Applicant follows directions well _____

Applicant is self-motivated _____

Applicant thinks up new ideas _____

Would you feel comfortable having your child in this person's care for one week?

___ Yes ___ No

Realizing we all have areas in which we can improve, in your opinion, in what areas does the applicant exhibit limits or weaknesses?

General Comments:

Signature _____ Date _____

Please send to: Carolann Costa, Ronald McDonald Camp, 100 East Erie Avenue Philadelphia, PA 19134
Phone: 215 291 0907 Fax: 215 291 0895

Ronald McDonald Camp 2010

STAFF HEALTH FORM

Name _____ Date of Birth _____ Male ___ Female ___

Role at Camp: _____

Address (if in school, please provide school and summer address):

Home Phone _____ Work Phone _____ Cell Phone _____

Email address _____

Person to Contact in an emergency *during the week of camp*:

Name _____ Relationship to you _____

Day phone _____ Evening Phone _____ Cell _____

MEDICAL INFORMATION/HEALTH HISTORY

Name of Physician: _____

Address: _____

Physician's Phone _____

Health insurance plan/carrier _____ Policy group number _____

****PLEASE ATTACH FRONT AND BACK COPY OF YOUR HEALTH INSURANCE CARD****

Do you have history of any of the following? (Check all that apply)

Recent injury, illness, surgery, infectious disease _____ Asthma ___ Ear infections ___ High blood pressure

___ Seizures ___ Diabetes ___ Heart disease ___ Blood disorder ___ Arthritis ___ Depression ___

Headaches ___ Eating disorder ___ Emotional difficulties for which you sought professional help _____

Please explain all that are checked (include dates): _____

Cancer _____ Diagnosis _____ Date of last treatment _____

If still on treatment, please provide the following information:

Oncologist _____ Address _____ Phone _____

Other physical disorders and conditions (include prosthesis, wheelchairs, etc):

List any restrictions or limitations for camp activities:

Additional information for health care staff at camp:

Ronald McDonald Camp 2010 STAFF HEALTH FORM

MEDICATION INFORMATION

- Your medication **MUST** be kept at the Wellness Center; this is to ensure that medication is kept out of reach of the campers.
- The medical staff is **NOT** responsible for getting your medication or giving it.
- You may not come to the wellness center during a time when campers are getting medications (i.e. during nighttime meds).
- List **ALL** medications (including over-the-counter or non prescription drugs).
- Bring enough medication to last entire time at camp.
- Keep your medications in the original packaging/bottle that identifies prescribing physician (if a prescription drug).
- The name of medication, the dosage and the frequency of administration.
- Write your name on the bottle.

Over-The-Counter Medications Available At Camp

Acetaminophen (Tylenol); Ibuprofen (Advil/Motrin); Diphenhydramine (Benadryl); Pseudoephedrine (Sudafed); Zyrtec; TUMS; Stool softeners.

_____ I do not currently take any medications.

Please List All Medication You Take On A Regular Basis

Drug	Dosage	Frequency	Reason For Taking

ALLERGIES: LIST ALL KNOWN

Medication Allergy	Reaction	Management
Food Allergy	Reaction	Management
Other- insect stings, hay fever, asthma, animal etc.	Management	

_____ I have no known allergies.

Any medically prescribed meal plan or dietary restrictions. _____

Ronald McDonald Camp 2010 STAFF HEALTH FORM

Which of the following have you had?

- Measles
 Chicken Pox
 German Measles
 Mumps
 Hepatitis B
 Hepatitis A
 Hepatitis C
 HIV

IMMUNIZATION HISTORY

**** Must provide dates or copy of immunization record****

Immunization	Dates of Immunizations
DTP	
Polio	
MMR	
Hepatitis B	
Varicella	
H. Influenza B (HIB)	

Date of last Tetanus booster _____ (Should be given every 10 years)

List any recent exposure to infectious/communicable diseases (i.e., chicken pox)

Staff name (please print) _____

Ronald McDonald Camp 2010 STAFF HEALTH FORM

AGREEMENT STATEMENT

In signing this form, I swear that the information contained herein is complete and true. I give permission for Camp Medical Staff to administer any routine and/or emergency first-aid. I understand that every effort will be made to contact named emergency person, but in the event that they cannot be reached, I hereby give permission to Camp Medical Staff to hospitalize and secure proper medical treatment as needed.

X _____
Signature of applicant *Date*

AUTHORIZATION AND RELEASE

I _____, hereby waive and release the Philadelphia Ronald McDonald House, the Children's Hospital of Philadelphia, and any co-sponsoring organizations from liability for injuries, damage, or loss of personal property.

X _____
Signature of applicant *Date*

PHOTO RELEASE

I give permission for use of video and/or voice tape, and/or photographs in which a likeness or representation of me may appear for Ronald McDonald Camp promotions.

X _____
Signature of applicant

*****ATTACH FRONT AND BACK COPY OF HEALTH INSURANCE CARD*****

Don't forget to include your completed TB Test form

Return Completed Forms To:

**Carolann Costa
Ronald McDonald Camp
100 East Erie Avenue,
Philadelphia, PA 19134**

Ronald McDonald Camp 2010

STAFF PHYSICAL EXAM

Patient's Name _____

**ALL VOLUNTEER APPLICANTS MUST HAVE A CURRENT PHYSICAL EXAMINATION
WITHIN THE LAST 2 YEARS.**

Physical exam on file with Ronald McDonald Camp within the last 2 years YES _____ NO _____

If NO, then have physician complete form and sign below. THIS FORM IN ITS ENTIRETY SHOULD BE REVIEWED BY YOUR PHYSICIAN AND SIGNED IF YOU ARE DUE FOR A PHYSICAL EXAM.

Date of physical exam _____ Ht _____ Wt _____ BP _____ Pulse _____ Respiration _____

Abnormal findings: _____

Activity restrictions (e.g. strenuous exercise, swimming, heavy lifting, etc):

I have reviewed this applicant's health history, immunization record and performed a physical examination. I recommend this person for a volunteer position at a one-week overnight camp program and believe he/she is capable of engaging in all camp activities except as noted above.

Physician's/Nurse Practitioner's Signature _____

Date _____

Office Location _____

Office Stamp:

**Return completed form to:
Carolann Costa, Ronald McDonald Camp, 100 East Erie Avenue, Philadelphia, PA 19134**

Ronald McDonald Camp 2010 STAFF HEALTH FORM

TB Mantoux Test

Tuberculosis (TB) is a bacterial infection that is most often found in the lungs but can spread to other parts of the body. TB in the lungs is easily spread to other people through coughing or laughing. Many of our camper's immune systems are not functioning 100% due to their disease or treatment. Because of this we **MUST** make every effort to protect them from contracting any kind of sickness while at camp.

You **MUST** have a negative TB Mantoux test **PRIOR** to coming to camp.

If we do not have a copy of your test you may NOT to come to camp

This test must be completed EVERY year by ALL camp staff.

If you had a TB test completed prior to receiving this application/form request a copy of your results from the facility where the test was taken and attach it to this form. Once completed you may send this form to:

Carolann Costa
Ronald McDonald Camp
100 E. Erie Avenue
Philadelphia, PA 19134
Fax: (215) 291 0895

Typical procedure for TB Skin Test (this is sometimes referred to as PPD Test):

1. Make an appt with your doctor requesting a TB Skin Test.
2. At the appointment a small needle will be used to inject some test material called, tuberculin under the skin of your arm. You **CANNOT** get TB from this test material.
3. In 2 or 3 days you will have to return to have a health care worker to look at your arm for the result.
4. Please have the healthcare worker complete the information below.

RESULTS FOR _____ (PLEASE PRINT PATIENT'S NAME)

Date of TB Mantoux Test _____ Negative _____ Positive _____

Signature of Healthcare worker: _____ Date: _____

Healthcare worker (please print name): _____

NBI, INC. - APPLICANT RELEASE AND AUTHORIZATION FORM

I hereby authorize RONALD MCDONALD HOUSE or authorized representatives of the company bearing this release to obtain and release any information pertaining to my background, for employment or volunteer purposes. I hereby fully release and discharge my prospective employer or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes.

APPLICANT SIGNATURE:	
APPLICANT NAME (PRINTED):	
DATE:	

PLEASE PROVIDE SEVEN (7) YEARS OF RESIDENTIAL HISTORY.
ADDITIONAL YEARS SEARCHED AT CLIENT'S REQUEST.

APPLICANT INFORMATION		
First Name	Middle Name	Last Name

(PLEASE PRINT CLEARLY)

ALIAS INFORMATION		
First Name	Middle Name	Last Name

(PLEASE PRINT CLEARLY)

OTHER INFORMATION	
Date of Birth:	
Social Security Number:	
Drivers License Number:	
State Drivers License Is Issued:	

(PLEASE PRINT CLEARLY)

CURRENT ADDRESS			
Street			
City	State	Zip Code	County
Date From:		Date To:	

(PLEASE PRINT CLEARLY)

PREVIOUS ADDRESS (1)			
Street			
City	State	Zip Code	County
Date From:		Date To:	

(PLEASE PRINT CLEARLY)

PREVIOUS ADDRESS (2)			
Street			
City	State	Zip Code	County
Date From:		Date To:	

(PLEASE PRINT CLEARLY)

Ronald McDonald Camp 2010 Staff Application Checklist

Did you complete the following?

APPLICATION

- Does it have your updated address and EMAIL?
- Have you read and signed the counselor agreement?
- **Return staff:** have you signed the National Sex Offenders Registry waiver?(pg. 4)

ESSAY (on separate sheet of paper)

- Notice that there is a different question for new and returning applicants

3 REFERENCES (new applicants only)

HEALTH FORM

- Did you include your immunization records?(please include dates)
- The date of your last **TETANUS shot?** (due every 10 years)
- **Photocopy of your Driver License and Health Insurance Card**

PHYSICAL FORM

- Is it signed by a medical professional?

TB TEST FORM

- You cannot come to camp without this form complete and signed by a medical professional

NBI APPLICANT RELEASE AND AUTHORIZATION FORM (Only New Applicants)

- Form must be completely filled out and accompanied by a check for \$13.00 made out to Ronald McDonald Camp

Does every page of each document have your name on it?

Thank you for taking the time to send in a complete application! ☺