

CAMP HOT SHOTS

Volunteer Application

Platte River State Park
June 8th - June 11th, 2010

Camp Hot Shots
C/O Hot Shots Foundation, Inc.
P.O. Box 1731
Council Bluffs, IA 51502-1731
Phone: (712) 352-0883

www.camphotshots.com

APPLICATION DEADLINE: MAY 1, 2010 **REFERRED BY:**

Date of application: _____ Social Security Number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

E-Mail Address: _____

T-shirt size: S ___ M ___ L ___ XL ___ XXL ___

Transportation to and from camp will be provided at Westside Community Education Center (3534 S. 108th St.). Departure time is 8:15 a.m., and we will return at 4:45 p.m. daily.

Will you need transportation to and from camp? ___Yes ___No

I will be able to attend the **mandatory** orientation meeting on Tuesday June 8 and three days of camp:
___ Yes ___ No

Have you previously served as a camp volunteer for Camp Hot Shots?

___ **Yes**, If you have moved in the last year. Please provide changes in information **only** on this application.
___ **No**, please complete this application.

What type of camp position are you seeking?

- Counselor (ages 16 and older) Camp Dietician
 Camp Physician Camp Nurse

Are you at least 18 years of age? ___Yes ___No, **if NO state your age** _____, **DOB:** _____

Camp Staff under the age of 18 must attach a note signed by their parent or guardian verifying their age.

Do you have any physical or mental disabilities that might prevent you from performing the essential functions of the position for which you are applying? ___Yes ___No

If YES, do you have specific suggestions as to how we could accommodate your mental or physical disability?
If yes describe:

Education:

	School	Year Graduation	Major
High School/GED			
Associate			
BS/BA			
Other			

Past Employment (list past two years, use additional paper if needed)

Date: To: _____ From: _____ Employer: _____

Address: _____ Phone: _____

Position Held: _____ Supervisor: _____

Reason for Leaving: _____

Date: To: _____ From: _____ Employer: _____

Address: _____ Phone: _____

Position Held: _____ Supervisor: _____

Reason for Leaving: _____

Relevant Camp, Volunteer, or Child Care Experience:

Dates	Camp or Organization	Supervisor	Phone	Camper or Staff? Note position held if staff

References: Provide names/addresses of 3 persons not related to you who have knowledge of your character, experience, and ability.

Name	Address	Phone (including area code)

What contributions do you think you can make at camp in lives of children with diabetes?

Describe your experiences with special needs children and/or children with diabetes.

Please list name of medication, dosage, and time of day needed, this includes insulin:

MEDICATION	DOSAGE	TIME(S) OF DAY

Are you allergic to ANY medications? ____ Yes ____ No

If yes, please describe:

For Medical Staff Only:

What license do you hold? _____

Please attach a copy of your current license for the state in which camp occurs.

What states are you licensed in? _____

Has your license ever been revoked? ____ Yes ____ No

If YES, please explain: _____

Do you have malpractice insurance covering your service at camp? ____ Yes ____ No

INSURANCE:

In the event of any need for medical care outside of the camp setting, insurance information specific for you and/or your child may be needed. Please complete the following.

Insurance Company Name _____

Address _____

Policy # _____

Name of Insured Family Member _____

Insured Member's Social Security Number _____

Insured Member's Place of Employment _____

Is pre-authorization required? ___Yes ___No Pre-authorization # _____

CONSENT:

If I have diabetes I hereby give my consent for adjusting insulin dose, performing blood tests, or any medical care deemed necessary by **camp physicians and nurses. I also consent to photography** to be used to publicize and raise funds for Camp Hot Shots. I will not hold liable Camp Hot Shots, Hot Shots Foundation, Inc. or any individual associated with the Camp, for accidental injury or illness resulting from attendance and activities at camp. I hereby agree to obey all rules and regulations of Platte River State Park, Camp Hot Shots and Hot Shots Foundation, Inc. I further agree to obey the instruction of camp counselors, physicians, nurses, and assistants pertaining to the camp activities, medical needs or practices and all related matters. I also agree to inform the appropriate camp personnel of any matter or activity which I believe to be harmful or which creates the risk of accident or injury to myself or any other participant at the camp.

Signature of Volunteer: _____ Date: ___ / ___ / ___

Signature of Parent/Guardian: _____ Date: ___ / ___ / ___
(if under 18 years of age)

RETURN APPLICATION:

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"Hot Shots Foundation is committed to making a difference in the lives of children and young adults who have diabetes TODAY so they have the opportunity to live a healthy life."