Camp Eva
Volunteer Application

Personal Information:

Name: ____

Address: ______________________________ City___________________ State_________ Zip__________

Phone: __________________ Email: ____

Emergency Contact: _______________________________________ Phone: _____________________

Employment/Educational Background

Name of Employer: ____

Job Title: ____

Education/Area of study: ____

Camp Interest:

How did you hear about Camp Eva? ____

Please share why you want to be a volunteer at Camp Eva:

____

____

Have you ever been a part of a kid's camp setting with grieving kids? If so, when and where:

____

____

Do you have special skills, interests or talents to offer at Camp Eva?

____

____

Volunteer Medical History:

Please answer the following questions about your medical history.

Name: ____

Have you had chicken pox or shingles? ________________________   When? _______________________

Food Allergies: ____

Medication Allergies: ____

Other: ____

Please list any other medical issues that Our Hospice of South Central Indiana should be aware of during your time at camp

(allergies, asthma, hay fever, seizures, etc.)

____

____

Please list any physical restrictions or limitations to be considered during the camp:

(amputations, crutches, wheelchair, difficulty during physical activity, etc.)

____

____

Are your immunizations up to date? ___________________

Primary Care Physician: ____   Phone: _______________________

References:

Please list two references who agree to participate in a phone call as a reference.

Name: ____ Relationship: ___________________________

Address: ____

Phone: ____

Name: ____ Relationship: ___________________________

Address: ____

Phone: ____

Criminal Background Check:

Please answer the following questions. By completing this and signing at the bottom, you are giving Our Hospice of South Central Indiana permission to submit a background check through the state of Indiana. This will be done at no cost to you. Your information will be protected.

Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No

Have you ever been convicted of driving under the influence of drugs/alcohol? _____ Yes _____ No

If you answered yes to either of the above questions, please explain and give the dates of the occurrence and description of any criminal charges.

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____

Have you ever been convicted of any crime relating in any manner to children and your conduct with them?

_____ Yes _____ No If yes, please explain:

____

____

Have you ever been convicted of a crime including, but not limited to, the following: alcohol related, assault and battery, kidnapping, distribution and trafficking of narcotics or other controlled substances, crimes of indecency, sexual related crimes, guns or weapons crimes? _____ Yes _____ No

If yes, please explain:

____

____

Have you ever been adjudicated liable for any civil penalties or damages involving sexual abuse, physical/ emotional abuse or neglect of a minor, or have you been the subject to any court order involving sexual abuse, physical/emotional abuse, or neglect of a minor? _____ Yes _____ No

Have you ever had an order of protection filed against you for any reason? _____ Yes _____ No

Have you ever had your parental rights terminated for any reason? _____ Yes _____ No

If yes, please explain:

____

____

Do you consent for Camp Eva (through Westside Community Church) to conduct a criminal background check? _____ Yes ______ No

Date of birth: __________________________ Gender: ______________ Race: __________________

I understand that by submitting this signed application:

- our Hospice of South Central Indiana will submit a criminal background check to the State of Indiana at no cost to me. My information and the results of this background check will be only used for purposes to appropriately staff the camp. This will be submitted through Westside Community Church background check system. The background check will be used as one element to determine my appropriateness to serve as a volunteer at Camp Eva.

- Our Hospice of South Central Indiana may deny the opportunity for participation in Camp Eva to anyone who answers any of the proceeding questions affirmatively or who falsifies any information.

- Our Hospice of South Central Indiana may deny participation by any applicant for any reason in the best interests of the children who will attend the camp.

- I may be asked to provide additional information or explanation to Our Hospice of South Central Indiana.

- I am expected to attend a training session prior to Camp Eva.

____ ______________________________

Signature of Applicant Date