

# FIREFIGHTERS KIDS CAMP

## Program Support Volunteer Application



PLEASE RETURN APPLICATION TO:

Firefighters Burn Institute, 3823 V Street, Suite 4, Sacramento CA 95817  
 Phone: (916) 739-8525 Fax: (916) 739-8613 Email: camp@ffburn.org

- POSITION
- |   |   |
|---|---|
| <input type="checkbox"/> WATERCRAFT OPERATOR        | <input type="checkbox"/> VAN DRIVER           |
| <input type="checkbox"/> ADVENTURE DUDE             | <input type="checkbox"/> VAN or BUS CHAPERONE |
| <input type="checkbox"/> IN-CAMP PROGRAM SPECIALIST | <input type="checkbox"/>                      |

### PERSONAL INFORMATION

LAST NAME FIRST NAME MI NICKNAME SEX

CA DRIVERS LICENSE NUMBER T-SHIRT SIZE

MAILING ADDRESS CITY ZIP CODE

STREET ADDRESS (IF DIFFERENT FROM ABOVE) CITY ZIP CODE

HOME PHONE (Area Code & Number) CELL PHONE (Area Code & Number) EMAIL ADDRESS

EMPLOYER POSITION HOW LONG WORK PHONE

EMERGENCY CONTACT RELATIONSHIP PHONE

WILL YOU BE AT LEAST 21 YEARS OF AGE BY AUGUST 5<sup>th</sup>, 2007  YES  NO

### PERSONAL HEALTH HISTORY

HEALTH INSURANCE PROVIDER PRIMARY PHYSICIAN PHYSICIAN'S PHONE

PERTINENT MEDICAL HISTORY (Heart Disease / Diabetes / Asthma / etc.)

CURRENT MEDICATIONS

KNOWN ALLERGIES

**SPECIAL SKILLS AND ABILITIES**

**DO YOU SPEAK A SECOND LANGUAGE?**

YES  NO

If so, please indicate type and describe abilities: \_\_\_\_\_

**DO YOU HAVE EXPERIENCE WORKING WITH BURN SURVIVORS?**

YES  NO

If so, please describe: \_\_\_\_\_

**MEDICAL SKILLS, DRIVERS LICENSE STATUS & DRIVING HISTORY FOR VAN DRIVERS**

MEDICAL SKILLS

EMT

PARAMEDIC

RN

CPR CERTIFICATION

YES  NO

TYPE: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

CA DRIVER'S LICENSE NUMBER: \_\_\_\_\_ CLASS: \_\_\_\_\_

**I UNDERSTAND THAT TO OPERATE A 15-PASSENGER VAN I MUST POSSESS A VALID CLASS A OR B CALIFORNIA DRIVERS LICENSE WITH A "PASSENGER VEHICLE ENDORSEMENT".**

**I UNDERSTAND THAT I WILL BE REQUIRED TO PROVIDE A RECENT COPY OF MY CALIFORNIA DEPARTMENT OF MOTOR VEHICLES (DMV) RECORD IN ORDER TO PARTICIPATE IN THE FIREFIGHTERS KIDS CAMP PROGRAM.**

PLEASE INITIAL: \_\_\_\_\_

**HAVE YOU BEEN INVOLVED IN A VEHICLE ACCIDENT WITHIN THE PAST THREE (3) YEARS?**

YES  NO

**HAVE YOU RECEIVED A MOVING TRAFFIC VIOLATION (S) WITHIN THE PAST THREE (3) YEARS?**

YES  NO

**HAVE YOU EVER BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE OF DRUGS OR ALCOHOL?**

YES  NO

Please explain any "YES" answers above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL BACKGROUND HISTORY**

HAVE YOU EVER BEEN CONVICTED OF A CRIME, OTHER THAN A MINOR TRAFFIC OFFENSE? IF YES, PLEASE DESCRIBE.

YES  NO

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HAVE YOU EVER BEEN ACCUSED OF, ARRESTED FOR, CONVICTED OF OR IN ANY OTHER WAY BEEN INVOLVED IN AN ALLEGATION OF CHILD ABUSE?

YES  NO

If yes, please explain:

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I UNDERSTAND THAT I MAY BE REQUIRED TO BE FINGERPRINTED IN ORDER TO PARTICIPATE IN THE FIREFIGHTERS KIDS CAMP PROGRAM.

PLEASE INITIAL: \_\_\_\_\_

I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at-will (non-compensated) employee unless there is an agreement or law which alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated camp official. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by the camp.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO / VIDEO / PUBLICITY RELEASE**

The Firefighters Burn Institute and partnering organizations all need your help and support in our work to provide services for burn survivors, education and other programs. You can help our efforts to increase public awareness and support of our programs by appearing in photographs, videos or other publicity that the camp may receive. We therefore request your permission to film, photograph or interview you to further our efforts.

**NO** I do not give permission to be photographed, videotaped or interviewed in any way.

**YES** I authorize the camp organizations to use photographs, videotapes or interviews of me to further their efforts to promote public awareness and support.

Signature \_\_\_\_\_ Date \_\_\_\_\_