

KNOWLEDGE, SKILLS AND ABILITIES

PLEASE INDICATE THOSE ACTIVITIES FROM THE LIST BELOW WHICH YOU HAVE HAD EXPERIENCE IN, AND THAT YOU FEEL YOU COULD ASSIST IN AS EITHER A PARTICIPANT OR AN INSTRUCTOR.

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DO YOU PLAY A MUSICAL INSTRUMENT? YES NO

If yes, what type and would you be willing to bring it to camp? _____

DO YOU HAVE ANY OTHER SPECIAL SKILLS / TALENTS THAT YOU WOULD BE WILLING TO SHARE AT CAMP?

If so, please describe: _____

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: _____

WHAT AGE GROUP WOULD YOU PREFER TO WORK WITH? 6-8 9-11 12-14 15-17

DESCRIBE ANY SPECIAL KNOWLEDGE, SKILLS AND ABILITIES THAT YOU POSSESS THAT ARE NOT LISTED ABOVE AND THAT YOU FEEL WOULD PROVIDE BENEFIT TO THE CAMP PROGRAM.

CURRENT CERTIFICATES / LICENSES

CPR CERTIFICATION YES NO TYPE: _____ EXPIRATION: _____

EMT PARAMEDIC RN OTHER: _____

LIFEGUARD WATER SAFETY INSTRUCTOR OTHER: _____

AMERICAN CAMPING ASSOCIATION CERTIFICATIONS

PERSONAL BACKGROUND HISTORY

1. PREVIOUS RESIDENCE(S) FOR LAST 5 YEARS:

City _____ State _____ Years _____

City _____ State _____ Years _____

City _____ State _____ Years _____

HAVE THERE BEEN ANY SIGNIFICANT EVENTS IN YOUR PERSONAL OR PROFESSIONAL LIFE THAT WOULD AFFECT YOUR PARTICIPATION IN OUR CAMP PROGRAM? YES NO

If yes, please explain: (Use a separate sheet if necessary)

HAVE YOU EVER BEEN CONVICTED, FINED, PLACED ON PROBATION OR IMPRISONED? YES NO

If yes, please explain: (Use a separate sheet if necessary)

HAVE YOU EVER BEEN ACCUSED OF, ARRESTED FOR, CONVICTED OF OR IN ANY OTHER WAY BEEN INVOLVED IN AN ALLEGATION OF A CRIME INVOLVING A CHILD? YES NO

If yes, please explain: (Use a separate sheet if necessary)

HAVE YOU EVER BEEN ADJUDGED LIABLE FOR CIVIL PENALTIES OR DAMAGES INVOLVING SEXUAL OR PHYSICAL ABUSE OF CHILDREN? YES NO

If yes, please explain: (Use a separate sheet if necessary)

PERSONAL BACKGROUND HISTORY - CONTINUED

ARE YOU NOW OR HAVE YOU EVER BEEN SUBJECT TO ANY COURT ORDER INVOLVING THE SEXUAL OR PHYSICAL ABUSE OF A MINOR, INCLUDING, BUT NOT LIMITED TO, A DOMESTIC PROTECTION ORDER OR THE TERMINATION OF PARENTAL RIGHTS?

If yes, please explain: (Use a separate sheet if necessary)

YES NO

I UNDERSTAND THAT:

- a. If hired, circumstances are discovered that would indicate a "yes" answer to any of the above questions, employment may be terminated immediately.
- b. The information provided on this form is subject to verification, which may include a criminal history check and a request of information from any central registry of child abusers.
- c. The camp may terminate employment (or volunteer service) of any person that is found, regardless of when discovered, to have:
 - 1. A history of complaints of abuse or neglect towards a minor;
 - 2. Resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
 - 3. Falsified or omitted information in this disclosure statement.

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 that 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 produce. We therefore request your permission to film, photograph or interview you to further our efforts.

NO I DO NOT wish to be photographed, videotaped or interviewed in any way.

YES I DO authorize the Firefighters Burn Institute to use photographs, videotapes or interviews of me to further their efforts to promote public awareness and support.

Signature _____ Date _____

RELEASE OF PERSONAL CONTACT INFORMATION

The Firefighters Burn Institute will publish a camp staff roster including the names, mailing addresses, email addresses and phone numbers of those involved in the program in order to facilitate continued communications among the staff. We therefore request your permission to list your personal contact information.

NO I DO NOT give permission to have my personal contact information released on the camp staff roster.

YES I DO give permission to have my personal contact information released on the camp staff roster.

Signature _____ Date _____

PLEASE COMPLETE AND RETURN WITH STAFF APPLICATION

FIREFIGHTERS KIDS CAMP – STAFF BEHAVIORAL AGREEMENT

- TRAINING.....All counselors must attend the entire scheduled training session held before camp and may not serve as bus chaperones, or be late for the session.
- DRUGS & ALCOHOL..... The possession or use of alcohol or non-prescription drugs are strictly prohibited. Violation of this rule will result in immediate dismissal.
- TOBACCO USEAll persons under the age of 18 will not be permitted to use tobacco at camp. Anyone 18 years of age or older may use tobacco, but may only do so in the designated area, and only after all campers have been put to bed.
- VISITORS & LEAVE No one is allowed to leave camp without first notifying the Camp Director(s). If you do leave for an unexcused reason, you will not be permitted to return. Visitors are not allowed on the premises without prior approval of the Camp Director(s).
- CURFEW Camp staff will be in bed by 11:00 p.m. each night in order to assure that a good night's sleep is obtained in preparation for the following day's activities. Camp staff will sleep in their assigned cabins every night.
- CLOTHING Clothing with wording, graphics or any type of a design that might be construed as negative or offensive towards others is prohibited. The use of thongs or bare feet is unacceptable around camp. Good personal hygiene standards must be practiced, and dress shall be neat and clean.
- CONDUCT Counselors must follow the guidelines for "Staff Conduct". Any behavior that displays negative role modeling and may be construed as detrimental to the camp's integrity will not be tolerated and will be grounds for dismissal.
- PETS..... No person shall have dogs or other domestic pets in camp.
- MEDICATIONS All medications (over-the-counter and prescription) must be turned over to the Camp Nurse upon arrival and will be stored under lock and key. Medications will only be dispensed under the directions of a physician.
- PRIVACY Do not touch anyone else's belongings without their permission.
- LEADERSHIP All rules and directives issued by the Camp Director(s) must be supported.

All staff will be responsible for adhering to all rules and regulations as approved by the Camp Planning Committee and outlined in the "Firefighters Kids Camp Operational Standards for Camp Programs and Services" manual.

I, _____, understand that the position as a Counselor at the Firefighters Kids Camp is non-compensated, and involves working twenty-four hours a day for the duration of the position. I further realize that camp, by nature, is a physically strenuous activity, and that I hold harmless the Firefighters Burn Institute and partnering organizations from any claim resulting from participation at "Kids Camp" and/or any "Kids Camp" activity. The Firefighters Kids Camp reserves the right to release any volunteer because of lack of campers, or if behavior of the volunteer is, in the sole judgment of the Camp Management Team, is determined to be detrimental to the best interest of the children or adults using the facilities and/or the overall welfare of the camp program.

Signed _____ Date _____

PLEASE COMPLETE AND RETURN WITH STAFF APPLICATION