



LITTLE HEROES PRESCHOOL BURN CAMP STAFF APPLICATION

PLEASE RETURN THIS SIGNED FORM BY June 1, 2017

MAIL TO: Firefighters Burn Institute, 3101 Stockton Blvd., Sacramento, CA 95820

PHONE: (916) 739-8525 | FAX: (916) 455-4376 | WEBSITE: www.ffburn.org

Little Heroes Preschool Burn Camp is a model burn recovery program designed for pre-school burn survivors ages 3-6 years old, their siblings and caregiver(s). This unique three day program empowers children with their families to understand and cope with physical and emotional challenges associated with burn recovery.

PERSONAL INFORMATION

LAST NAME FIRST NAME MI NICKNAME

MAILING ADDRESS CITY STATE ZIP

BIRTHDATE GENDER T-SHIRT SIZE EMAIL ADDRESS

() HOME PHONE () CELL PHONE

EMPLOYER POSITION WORK PHONE ()

EMERGENCY CONTACT RELATIONSHIP PHONE ()

HEALTH HISTORY

PROVIDING THE FOLLOWING HEALTH INFORMATION DOES NOT PRECLUDE YOU FROM PARTICIPATING IN THIS PROGRAM.

HEALTH INSURANCE PROVIDER PHYSICIAN PHONE ()

LIST ANY MEDICAL CONDITIONS

LIST ANY MEDICATIONS YOU WILL BE BRINGING WITH YOU TO CAMP

LIST ANY PHYSICAL RESTRICTIONS OR LIMITATIONS

LIST ANY ALLERGIES

LIST ANY DIETARY RESTRICTIONS

QUESTIONNAIRE

1. DO YOU HAVE ANY EXPERIENCE WITH BURN SURVIVORS? YES NO

2. DESCRIBE YOUR EXPERIENCE WORKING WITH CHILDREN:

3. HAVE YOU VOLUNTEERED FOR OTHER NON-PROFIT ORGANIZATIONS? YES NO

IF YES, PLEASE LIST

4. ARE YOU CURRENTLY CERTIFIED IN:

- FIRST AID CPR RN LVN CNA EMT PARAMEDIC
 LIFEGUARD OTHER: _____ EXPIRATION: _____

5. DO YOU SPEAK A SECOND LANGUAGE? YES NO

IF YES, PLEASE LIST

6. DO YOU PLAY A MUSICAL INSTRUMENT? YES NO

IF YES, PLEASE LIST

7. DESCRIBE ANY SPECIAL SKILLS OR TALENTS (I.E.: SINGING, DRAMA, CRAFTS, MAGIC, ROCK CLIMBING, ETC.).

8. IS THERE ANY ADDITIONAL INFORMATION ABOUT YOURSELF THAT YOU WOULD LIKE TO SHARE?

PHOTO / VIDEO RELEASE

During the course of this program you may be participating in an activity that is being photographed (print or video). These photographs may be used for promotional/educational purposes by the Firefighter Burn Institute or our affiliates and sponsors. Your names, child's cause of burn and any other sensitive information will not be used without further consent.

- YES, I GIVE PERMISSION TO BE PHOTOGRAPHED.
- NO, I WOULD PREFER NOT BE PHOTOGRAPHED FOR PROMOTIONAL PURPOSES.

SIGNATURE

DATE

PERSONAL BACKGROUND HISTORY

1. **HAVE YOU EVER BEEN CONVICTED, PLACED ON PROBATION OR IMPRISONED?** YES NO
IF YES, PLEASE EXPLAIN:

2. **HAVE YOU EVER BEEN ACCUSED OF, ARRESTED FOR, CONVICTED OF OR IN ANY WAY BEEN INVOLVED IN AN ALLEGATION OF A CRIME INVOLVING A CHILD?** YES NO
IF YES, PLEASE EXPLAIN:

3. **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?** YES NO
IF YES, PLEASE EXPLAIN:

I UNDERSTAND THAT:

- a. If after acceptance, circumstances are discovered that would indicate a “yes” answer to any of the above questions, volunteer 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

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 is strictly prohibited. Violation of this rule will result in immediate dismissal.
- TOBACCO USE..... The facility is a **NON SMOKING** campus. Smoking or tobacco use of **any kind** is strictly prohibited at camp.
- 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 their cabin 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. With the exception of showering, the use of flip-flops, sandals or bare feet is unacceptable around camp. Good personal hygiene standards must be practiced, and dress shall be neat and clean.
- SHOES Closed-toed shoes are required footwear during camp program.
- CONDUCT Counselors must follow the guidelines for appropriate 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 unless deemed medically necessary (e.g. for sight assistance).
- 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.
- 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 Little Heroes Preschool Burn Camp Planning Committee.

I understand that the position as a Staff member at the Little Heroes Preschool Burn 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 "Little Heroes" and/or any "Little Heroes" activity. The Little Heroes Preschool Burn Camp Directors reserves the right to release any volunteer due to lack of participants, or if behavior of the volunteer is, in the sole judgment of the Camp Management Team, 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.

SIGNATURE

DATE