

# RETURNING CAMP STAFF APPLICATION

Please mail to: Firefighters Burn Institute  
 3101 Stockton Blvd., Sacramento CA 95820  
 FAX to: (916) 455-4376 OR Email to: [valorie@ffburn.org](mailto:valorie@ffburn.org)  
 Additional camp information is available at [www.ffburn.org](http://www.ffburn.org)



**APPLICATION DUE: May 31, 2024**

Apply Online: [app.campdoc.com/register/ffbi](http://app.campdoc.com/register/ffbi)

Staff Training: July 1, 2024  
 Camp Dates: July 2-7, 2024  
 Camp Arroyo - Livermore, CA

LAST NAME	FIRST NAME	MI	PRONOUNS	BIRTHDATE (MM/DD/YY)	# YEARS YOU HAVE SERVED AS STAFF AT KIDS CAMP
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T-SHIRT SIZE (INDICATE IN BOX)

## PERSONAL INFORMATION

MAILING ADDRESS				CITY	STATE	ZIP CODE
E-MAIL		PRIMARY PHONE		WORK / ALTERNATE PHONE		
EMERGENCY CONTACT		RELATIONSHIP			PHONE	
HEALTH INSURANCE PROVIDER		POLICY NUMBER	PRIMARY PHYSICIAN NAME		PHYSICIAN'S PHONE	

## PERSONAL HEALTH HISTORY

DO YOU HAVE ANY MEDICAL CONDITIONS THAT WOULD HAMPER YOUR ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING FOR, WITH OR WITHOUT REASONABLE ACCOMODATION? .....  YES  NO

IF YES, PLEASE DESCRIBE: \_\_\_\_\_  
 \_\_\_\_\_

PLEASE LIST ANY OVER THE COUNTER OR PRESCRIPTION MEDICATIONS YOU WILL BE TAKING AT CAMP AND WHY YOU WILL BE TAKING THEM.

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

LIST ALL DIETARY RESTIRCTIONS OR FOOD ALLERGIES YOU HAVE BELOW.

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

## KNOWLEDGE, SKILLS AND ABILITIES

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

LIST ANY OTHER SPECIAL KNOWLEDGE, SKILLS AND ABILITIES THAT YOU POSSESS THAT YOU FEEL WOULD PROVIDE BENEFIT TO THE CAMP PROGRAM.

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**PERSONAL BACKGROUND HISTORY**

HAVE THERE BEEN ANY SIGNIFICANT EVENTS IN YOUR PERSONAL OR PROFESSIONAL LIFE THAT WOULD AFFECT YOUR PARTICIPATION IN OUR CAMP PROGRAM OR THAT HAVE RESULTED IN YOUR FORCED RESIGNATION OR TERMINATION FROM YOUR JOB? .....  YES  NO

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

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

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

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 YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, PLEASE EXPLAIN BELOW OR ATTACH A SEPARATE SHEET IF NEEDED.

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**PLEASE READ THE FOLLOWING AGREEMENT COMPLETELY BEFORE SIGNING BELOW**

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.

I UNDERSTAND THAT THE CAMP MAY TERMINATE EMPLOYMENT (OR VOLUNTEER SERVICE) OF ANY PERSON THAT IS FOUND, REGARDLESS OF WHEN DISCOVERED, TO HAVE:

- a. A history of complaints of abuse or neglect towards a minor;
- b. 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
- c. Falsified or omitted information in this disclosure statement.

I UNDERSTAND THAT I WILL CONTACT THE FIREFIGHTERS BURN INSTITUTE IF I NO LONGER WISH TO HAVE MY PHONE NUMBER AND EMAIL PUBLISHED IN THE CAMP STAFF ROSTER AND DISTRIBUTED TO CAMP VOLUNTEERS.

I UNDERSTAND THAT I WILL CONTACT THE FIREFIGHTERS BURN INSTITUTE IF I NO LONGER WISH TO HAVE PHOTOGRAPHS, VIDEOTAPES OR INTERVIEWS OF ME USED TO PROMOTE AWARENESS AND SUPPORT FIREFIGHTERS KIDS CAMP.

I UNDERSTAND THAT I WILL BE REQUIRED TO SUBMIT A HEALTH QUESTIONNAIRE OR A DOCTOR-SIGNED HEALTH EXAM THAT HAS BEEN CONDUCTED WITHIN THE PERIOD OF 24 MONTHS PRIOR TO THE FIRST DAY OF CAMP.

**COVID-19 STATEMENT**

I UNDERSTAND THAT THE FIREFIGHTERS BURN INSTITUTE WILL FOLLOW ALL FEDERAL, STATE, AND LOCAL GUIDELINES TO THE BEST OF ITS ABILITY SURROUNDING COVID-19 FOR THE DURATION OF CAMP. MEASURES TO BE FOLLOWED INCLUDE, BUT ARE NOT LIMITED TO, WEARING

FACE COVERINGS, REQUIRING PROOF OF VACCINATION, AND/OR PROOF OF A RECENT NEGATIVE PCR OR RAPID COVID TEST OR TESTS. A POSITIVE TEST MAY RESULT IN EXCLUSION FROM THE REMAINDER OF CAMP. FFBI WILL NOT PROVIDE TRANSPORTATION FOR A STAFF MEMBER OR CAMPER FAMILY THAT TESTS POSITIVE FOR COVID-19.

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

**FIREFIGHTERS KIDS CAMP – STAFF BEHAVIORAL AGREEMENT & LIABILITY WAIVER**

TRAINING ..... All counselors must complete all required training, both online and in person, adhering to all deadlines set by Camp Director(s). All counselors must attend the entire scheduled training session(s) held and may not be late for any session.

DRUGS, ALCOHOL, &

TOBACCO USE ..... The use of non-prescription drugs, alcohol, and/or tobacco is strictly prohibited. Possession of alcohol, drugs, chewing tobacco, electric cigarettes, or any products containing tobacco or alcohol will result in immediate dismissal from 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 by 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 ..... Counselors must follow the guidelines for "Dress Code." These guidelines include items such as 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 flip-flops, open-toed shoes 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 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. 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. Injuries and exposure to cold temperature are potential dangers. Proper clothing and equipment are required. I further acknowledge that potential injuries include strains, sprains, cuts, abrasions,

broken limbs and even accidental death. I hereby Release, Waive, Discharge and Covenant Not to Sue or hold the Firefighters Burn Institute and its employees, volunteers, partnering organizations and agents responsible or liable, and I will assume full responsibility, on or off premises for any injuries or damages incurred or caused by me in connection with my stay during Firefighters Kids Camp. The Firefighters Kids Camp reserves the right to release any volunteer due to lack of campers, 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, adults using the facilities and/or the overall welfare of the camp program.

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

**HEPATITIS B VACCINATION DECLARATION**  
VACCINATION VERIFICATION or ASSUMPTION OF RISK AND RELEASE

For (Print Full Name): \_\_\_\_\_

I understand that my participation in the Firefighters Kids Camp program may result in my possible exposure to blood or other potentially infectious materials, and that I may be at risk of acquiring Hepatitis B virus (HBV) infection.

I declare that I have received the Hepatitis B virus (HBV) vaccination series.

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

- **OR** -

I recognize the need to be vaccinated with Hepatitis B vaccine at my own expense; however, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Therefore, I do for myself, my heirs and personal representatives, defend, hold harmless, indemnify, and release the Firefighters Burn Institute, and all of its officers, agents and employees from and against all claims, demands, actions, or causes resulting from the contraction of Hepatitis which may result from my participation in the Firefighters Kids Camp program.

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