

CIT APPLICATION

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

Apply Online: app.campdoc.com/register/ffbi

APPLICATION DUE: May 15, 2025



Staff Training: June 19, 2025
Camp Dates: June 20-27, 2025
Camp Arroyo - Livermore, CA

PERSONAL INFORMATION

*CITs must be at least 18 years of age / Staff must be at least 21 years of age as of the first day of camp to participate.
All Staff & CITs are required to participate for the entire 6-day program.*

- Male
- Female
- Nonbinary

LAST NAME FIRST NAME PRONOUNS BIRTHDATE (MM/DD/YY)

MAILING ADDRESS CITY STATE ZIP CODE

E-MAIL PRIMARY PHONE WORK / ALTERNATE PHONE

EMERGENCY CONTACT RELATIONSHIP PHONE

T-SHIRT SIZE (INDICATE IN BOX)

PERSONAL EXPECTATIONS – ATTACH A SEPARATE SHEET IF NEEDED

HOW DO YOU FEEL YOUR PARTICIPATION WILL BENEFIT THE CAMP PROGRAM?

WHAT DO YOU PERSONALLY HOPE TO GAIN FROM PARTICIPATING IN THE CAMP PROGRAM?

PREVIOUS CAMP / COUNSELOR EXPERIENCE

CAMP / ORGANIZATION POSITION DATE (TO / FROM)

ADDRESS PHONE

BRIEF DESCRIPTION OF DUTIES

CAMP / ORGANIZATION POSITION DATE (TO / FROM)

ADDRESS PHONE

BRIEF DESCRIPTION OF DUTIES

PERSONAL HEALTH HISTORY

HEALTH INSURANCE PROVIDER POLICY NUMBER PRIMARY PHYSICIAN NAME PHYSICIAN'S PHONE

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

DO YOU SPEAK A SECOND LANGUAGE? IF YES, PLEASE SPECIFY: _____ YES NO

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.

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 PARETAL RIGHTS?..... YES NO

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

PLEASE READ THE FOLLOWING AGREEMENT COMPLETELY BEFORE SIGNING

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 LIVSCAN BACKGROUND CHECKS ARE REQUIRED FOR ALL COUNSELORS AND 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.

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 _____

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 _____

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.

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 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 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 Counselors must follow the guidelines for "Dress Code." These guidelines include items such as clothing with wording, graphics or any 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 Handbook" 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 _____