Camp McCumber Volunteer Medical Staff Application

Lions Clubs International District 4-C1 Health Foundation

Diabetes Camp at Lake McCumber for ages 8 through 17

Date: _____ Full Legal Name: _____

Title (RN, LVN, Student, Etc.): _____ Camp Nickname: _____

Address: _____
(Street) (City) (State, Zip)

Home Phone: (_____)_____ T-shirt Size S M L XL XXL XXXL XXXXL
(circle one)

Cell Phone: (_____)_____ E-mail: _____

Birthdate: ____/____/____ Sex: M___ F___ Social Security Number _____

In accordance with state mandates, all new camp staff must be cleared through the Livescan system. All staff will also need to complete free, online Mandated Reporter training prior to the start of camp. Once your application has been approved, you will be contacted with instructions for completing your Livescan and the required training.

Special Dietary Needs:

_____Gluten Free

_____Allergic to the following foods _____

_____Other special dietary needs _____

_____Vegetarian (**Please do not check this unless you plan to eat only vegetarian meals, as we have to pay extra for them, even if you don't eat them.)**

Employment or School & Volunteer Work History

Please provide the name and address of your current employer OR the name of your current school:

_____

_____

_____

Please provide a brief description of your work history and any volunteer work you have done. Also describe any experience you have working with children with diabetes and/or ANY camps for kids:

_____

_____

_____

Provide your RN / LVN / Other License Number: _____

****You will receive a small stipend at the end of camp. If you wish to donate some or all back, please indicate percentage. Yes, I would like to donate _____% of my stipend back to camp.**

Sexual Harassment Policy April 2006

The Lions Health Foundation of District 4-C1 believes strongly that all participants in Lions sponsored activities are entitled to volunteer in a "sexual harassment free" environment. The Lions further believe that it is the responsibility of all community members to ensure that activities are free from sexual harassment. The Lions do not condone or excuse sexual harassment of any kind. Sexual harassment by any member, supervisor, staff person or activity participant will not be tolerated on or off the activity premises. While our primary activities are summer camps, we also spend considerable time outside of camp meeting, planning and working. This policy applies to any and all situations in which community members interact, whether at camp, at related activities, or within the general community at large.

Because the Lions strongly disapprove of offensive behavior with respect to our organization's activities, all members must avoid any action or conduct which could be viewed as sexual harassment. Therefore, under this policy, the following acts are specifically prohibited:

1. Creating an environment of unwelcome sexual conduct that has the purpose or effect of unreasonably interfering with an affected person's enjoyment and performance as a volunteer.
2. Creating an intimidating, hostile or offensive volunteering environment.
3. Sexual slurs, vulgar jokes, display of sexually explicit pictures, or other sexually explicit or offensive conduct.
4. Intimate relationships between supervisory and supervisory or supervisory and subordinate members or participants on or off the activity premises which may affect the supervisor's treatment of the supervisor, member or participant.
5. Granting or denying participation in any activity based on receptivity to sexual advances.
6. Sexual advances, requests for sexual favors, and verbal or physical conduct of a sexually harassing nature.

Any volunteer or community member who has a complaint of sexual harassment with respect to the volunteering activity by anyone including supervisors, co-volunteers, visitors, or any other person involved directly or peripherally in the activity should immediately bring the problem to the attention of the Camp Director and/or Camp Administrator. All complaints will be handled on a confidential basis. The organization will retain confidential documentation of all allegations and investigations and will take appropriate corrective action to remedy all violations of this policy. Corrective action may include disciplinary action up to and including termination of volunteer or participant status for persons found to have engaged in sexual harassment. My signature below indicates I have read, understood and accept these policies.

Signature: _____ Date: _____

Additional Release Statement for Volunteers: Camp rules and regulations for all volunteers:

1. Smoking of any sort is strictly prohibited in all areas of camp.
2. Drinking alcoholic beverages is not allowed on or off camp premises for your duration as a volunteer. For the safety of everyone at camp, it is imperative that all staff stay sober and coherent.
3. Sexual harassment is a serious offense and will not be tolerated. Sexual harassment includes any comments or actions that make another person feel uncomfortable in a situation. First offenses will receive a warning from the camp administrator. If further issues arise, I understand that I am serving at the discretion of the camp leaders and may be dismissed from camp to protect camper safety.
4. I agree to be a positive influence and role model for my campers. I acknowledge that this week is about the campers, and I will do everything I can to be upbeat and enthusiastic and to make this an enjoyable week for everyone at camp.

I have read and agree to the above conditions for being a Camp McCumber Volunteer. I understand that if I do not comply with any of these rules, I may be dismissed from camp at the discretion of the camp administrator and directors.

Signature: _____ Date: _____

Lions Diabetes Camp at Lake McCumber
Staff Medical Emergency Release Form

Name: _____ Social Security #: _____

Address: _____
(Street) (City) (State, Zip)

Home Phone: (_____)_____ Cell Phone: (_____)_____

E-mail: _____ Birthdate: ____/____/____ Gender: M___ F___

Do you currently have health insurance: Y____ N____

If yes, insured by: _____ Policy #_____

Do you have diabetes? Y____ N____ If yes, date diagnosed: _____

Date of last medical examination (Mo/Yr): _____

Date of last tetanus shot (Mo/Yr): _____

Date of last Measles/Mumps/Rubella Immunization (Mo/Yr): _____

Have you had chicken pox? Y___ N___ Have you had the chicken pox shot? Y___ N___ Date:_____

Permission in Case of Emergency:

In the event of an emergency that incapacitates me in any way, due to illness or injury, I hereby grant permission for required medical services to be performed.

Signature: _____ Date: _____

If staff member is a minor, this form must be signed by a parent or guardian.

Parent/Guardian Signature: _____ Relationship: _____

Date Signed: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____
(Street) (City) (State, Zip)

Home Phone: (_____)_____ Cell Phone: (_____)_____

Complete and mail or email the above forms, the medical release form, a copy of your current professional license, and a copy of your ID to:

Lion Hannah Garman
Medical Staff Application Coordinator
2710 Irwin Rd
Redding, CA 96002
hannah.corinne10@gmail.com

Questions or concerns: Call or text Lion Hannah Garman at (530) 262-4382 or email hannah.corinne10@gmail.com