



Camp Hozhoni | P.O. Box 5021 | Wausau, WI 54402-5021  
Hozhoni@angelonmyshoulder.org | 1-800-860-3431

Thank you for your interest in Camp Hozhoni. We are eagerly looking forward to this year's camp. *Angel On My Shoulder* took over the governing role for Camp Hozhoni from the American Cancer Society in 2014. Having completed a successful camp in 2014 thanks to our great returning committee and volunteers, we have reviewed some of the policies and guidelines and want to share them with our volunteers and participants. Most of these policies are the same or similar to past practices but we feel it would be good to have them presented again so everyone is aware.

**Definition of Family Unit.** A family unit consists of parents or guardians, the child with cancer (active or in remission) through his/her 18th year, and any siblings through their 18th year. Any exceptions to this must be approved on an individual basis.

**Attendance.** Families may attend Camp Hozhoni for four years. If there is space, families will be able to attend more often but newer families will take precedence. Families who have attended more than four times can register and will be put on a reserve list. Final confirmation will be given by August 15. Every effort will be made to include all interested families.

**Family registrations:** Initial registration deadline is August 1.

*Followup packets and all waivers etc. **must be returned prior to camp*** – deadline is August 15.

**Volunteers/Counselors:** All volunteers/counselors must be at least 18 years of age unless accompanied by a parent volunteer who will work directly with the minor at camp. Minimum age for volunteers is 16.

All volunteers 18 and over must agree to a background check.

**Application deadline for volunteers is August 1.** Applications after that date may be declined and t-shirts are not guaranteed.

In order to present the best camp and avoid confusion at check-in, we are going to adhere to the deadlines this year, so please get your applications in early. We hope to continue to grow and improve this camp and make it a great experience for campers and volunteers.

Thank you for your cooperation and hope to see you at camp.

Kathy Mathie  
Director of Programming  
*Angel On My Shoulder*

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Angel On My Shoulder | P.O. Box 747 | St. Germain, WI 54558 | 800-860-3431 | info@angelonmyshoulder.org | www.angelonmyshoulder.org

Angel On My Shoulder™

Angel On My Shoulder is a registered 501(c)(3) non-profit organization and donations are tax-deductible. • Federal Tax ID # 39-1858288

# 2015 Camp Hozhoni - September 11-13, 2015 Volunteer Application - Disclosure & Consent Form



Current Name: First	Middle	Last	Occupation/Major
Other Name (like maiden): First	Middle	Last	Social Security Number
Current Street Address			Driver's License Number
City	State	Zip	Daytime Phone
Former Street Address			Cell Phone
City	State	Zip	<b>Emergency Contact Name</b>
<b>For Purposes of efficiency, we would prefer to correspond via e-mail. Please include a reliable e-mail address if possible.</b>			Phone 1
E-mail			Phone 2
Date of Birth: MM   DD   YYYY	Place of Birth: (city, state, country)	Zip	
Age	Have you volunteered for Camp Hozhoni before? <input type="checkbox"/> Yes <input type="checkbox"/> No (new volunteer)		<input type="checkbox"/> Yes, I am interested in volunteering for Camp Hozhoni.
Indicate age group you feel most at ease with (check all that apply): <input type="checkbox"/> Preschool (ages 0-4) <input type="checkbox"/> School (ages 5-7) <input type="checkbox"/> Adolescent (ages 8-11) <input type="checkbox"/> Teen (ages 12-18) <input type="checkbox"/> Adult Workshop/ Topic: _____	<b>Please indicate t-shirt size (unisex sizing):</b> <input type="checkbox"/> Small (34-36) <input type="checkbox"/> Medium (38-40) <input type="checkbox"/> Large (42-44) <input type="checkbox"/> X-Large (46-48) <input type="checkbox"/> XX-Large (50-52)	<b>Please indicate any Food Allergies or Dietary Restrictions:</b>	<input type="checkbox"/> No, I am unable to volunteer this year
			<input type="checkbox"/> I wish to be kept on the future contact list.
Indicate any skills/hobbies that would be useful in working with the children. What previous experience do you have in working with children/families with cancer?			

**Applicant Instructions:** Please read this disclosure and consent form carefully before signing. You will be provided with a copy of this form at any time upon request.

**DISCLOSURE AND CONSENT CONCERNING CONSUMER REPORTS FOR VOLUNTEER APPLICANTS AND VOLUNTEER PURPOSES.**

You should read carefully. This consent and release has been provided to you for this organization to request a consumer report or investigative consumer reports in connection with your application for volunteer, resume or during the course of your volunteer affiliation, if any.

The Applicant acknowledges that this organization may now, or at any time acting as a volunteer, verify information within the application or resume to volunteer. The verifications and/ or checks may include but not limited to: any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any State. A photocopy or telephonic facsimile (Fax) of this Disclosure and Consent authorization for Release of Information shall be valid as the original. The results of this verification process will be used to determine volunteer eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated Personnel of the organization.

According to the Fair Credit Reporting Act, if any adverse decision is made with regard to your volunteer application, based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, you are entitled to receive a copy of this report upon written request, and a disclosure of the nature and scope of the investigative report.

Your signature below indicates that you have carefully read and understand that a consumer report or investigative consumer report regarding you may be requested and reviewed for volunteer purposes, including any future decisions concerning your promotion or retention as a volunteer. Additionally, your signature below reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.

**CONSENT STATEMENT**

I have carefully read and understand this disclosure and consent form and by my signature consent to the release of background checks, as defined above in conjunction with my volunteer application. I further understand this consent will apply during the course of my volunteer activities, and that such consent will remain effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my volunteer application, or otherwise disclosed to this organization by me may be utilized for the purpose of obtaining the background checks requested by the organization and confirm that all such information is true and correct.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of volunteer activities is true and complete to the best of my knowledge. I understand that if I am deemed a volunteer, any false statements will be considered as a cause for possible dismissal.

I authorize Camp Hozhoni and Angel On My Shoulder, to process my application for serving as a volunteer by reviewing my background. Camp Hozhoni and Angel On My Shoulder, reserve the right to conduct a background check, through the Wisconsin Crime Information Bureau. I hereby release Camp Hozhoni and Angel On My Shoulder, its representatives and such individuals or organizations from all liability for any damage whatsoever incurred in obtaining or furnishing such information.

By signing your name and dating this authorization, you are hereby confirming the accuracy of the information provided above and granting Camp Hozhoni and Angel On My Shoulder permission to do a background check, as Camp Hozhoni, Angel On My Shoulder deem necessary.

APPLICANT SIGNATURE: <b>X</b>	DATE:
APPLICANT NAME TYPED OR PRINTED:	

Initials By typing your initials here and sending this form back to us in electronic format, you certify and understand that all of the information in these forms is true and correct to the best of your information and knowledge and that you have the authority to execute these forms. Your type-written initials to the left constitute your electronic signature and will be treated as though you actually signed the form.

# Confidentiality Agreement For Camp Hozhoni Volunteers

We welcome you to the Camp Hozhoni, a program of Angel On My Shoulder. In an effort to provide the highest quality of services, maintain the confidence of our constituents, families and staff, preserve integrity, safety and respect, and comply with laws and regulations, we ask that you take the time to carefully read this Confidentiality Agreement for Camp Hozhoni Volunteers. The constituent's right to privacy must always be respected. As Camp Hozhoni volunteer, you are bound by the principle of privileged communication. Please confirm your understanding and agreement to this principle and the following confidentiality requirements by signing and dating this Agreement where indicated below.

1. As a Camp Hozhoni volunteer, I will always keep the names of constituents confidential and will never reveal such information to anyone other than: (a) the physician; (b) the hospital where the constituent is or has been treated; and/or (c) the Camp Hozhoni team member(s) with a need to know (e.g., program coordinator or director). In any situation where I am unsure as to how to address a confidentiality issue, I will immediately consult with a Camp Hozhoni team member before proceeding.
2. As a Camp Hozhoni volunteer, I will always keep a constituent's medical record strictly confidential and will not discuss it with anyone, including the constituent. I will not share with any constituent information I may have obtained from his/her medical record or another source. If and when a constituent or family member asks questions regarding constituent's condition, I will always advise them to consult the physician. I will not view or access any constituent information or confidential information, other than what is required to perform my assigned duties.
3. I understand and agree that as a Camp Hozhoni volunteer, all personal information about a constituent is confidential, and should never be discussed with anyone other than authorized personnel (e.g., the program coordinator, director or the constituent's physician), and then only when relaying information as called for in program policies and procedures or when seeking advice and direction. I agree not to make inquiries or discuss any constituent information with any individual who does not have proper authorization to access or hear such information, and I will refrain from discussing any constituent information in public areas, even if specifics such as the constituent's name are not used.
4. I understand that as a Camp Hozhoni volunteer, if a constituent's experience serves as a case demonstration, the constituent's name and any identifying information must be excluded to protect his/her privacy.
5. As a Camp Hozhoni volunteer, I understand that the written consent of the constituent - and in some cases the consent of the constituent's physician - is required before he/she can become part of a publicity campaign or public relations event.
6. As a Camp Hozhoni volunteer, I understand and agree that constituent names are never to be included in meeting minutes, program reports, evaluation findings, or other documents.
7. As a Camp Hozhoni volunteer, I understand that records containing constituents' names are always guarded carefully and kept in a secure place, unavailable to unauthorized individuals, such as friends, family members and /or co-workers. I agree not make any unauthorized copies, transmissions, disclosures, inquires or modifications of constituent information or confidential information, or remove and/or transfer constituent information or confidential information from Camp Hozhoni's computer system to unauthorized locations, such as my home. I understand that in order to hold individuals accountable for improper use of data, Camp Hozhoni has the ability to track database system usage and to identify employees and volunteers who have accessed, printed, or forwarded constituent information.
8. As a Camp Hozhoni volunteer, I agree that any personal access codes, user IDs, access keys and passwords used to access computer systems or other equipment shall be kept confidential at all times. Upon completion of my volunteer services, I agree to immediately return all property (including keys, documents, ID badges, etc.) to Camp Hozhoni.

## Volunteer Confirmation of Understanding

I, (print name) \_\_\_\_\_ understand and agree to the foregoing principles of privileged communications and rules regarding confidentiality. I understand that if I do not adhere to all of these principles and rules, I will lose my eligibility as a Camp Hozhoni volunteer.

APPLICANT SIGNATURE:  <b>X</b>	DATE:
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Initials  By typing your initials here and sending this form back to us in electronic format, you certify and understand that all of the information in these forms is true and correct to the best of your information and knowledge and that you have the authority to execute these forms. Your type-written initials to the left constitute your electronic signature and will be treated as though you actually signed the form.

**Please fill out all three pages of this form completely and email to [Hozhoni@angelonmyshoulder.org](mailto:Hozhoni@angelonmyshoulder.org) or print and mail to: Camp Hozhoni | P.O. Box 5021 | Wausau, WI 54402-5021**



*Camp Hozhoni is a weekend camp for children under the age of 18 with cancer, and their families.*

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# Wisconsin Lions Camp Individual Hold Harmless and Participation Agreement

I have read and understand the facility use rules of the Wisconsin Lions Camp as indicated on the Facility Rules and Procedures handout presented to me. I agree to abide by the facility use rules as indicated while in attendance at the Wisconsin Lions Camp.

I fully understand that after reasonable precautions are taken, there are certain hazards connected with camping. I release, absolve, indemnify and hold harmless the Wisconsin Lions Foundation, Inc., and its Directors, Agents and Employees from liability connected with any claimed injury or death due to accidents or situations otherwise occurring to me in the use of any natural areas or man-made facilities of the Wisconsin Lions Camp or for any other reason.

I also grant permission to use photographs of me in any publication or publicity authorized by the Wisconsin Lions Foundation.

Signature of Parent/Guardian  <b>X</b>	Initials* <input type="text"/>	Date
Signature of Witness  <b>X</b>	Initials* <input type="text"/>	Date

\* By typing your initials above and sending this form back to us in electronic format, you certify and understand that all of the information in these forms is true and correct to the best of your information and knowledge and that you have the authority to execute these forms. Your type-written initials to above constitute your electronic signature and will be treated as though you actually signed the form.



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