



# Camp Counselor/ Camp Volunteer Application

VOLUNTEER  
 COUNSELOR

Angel On My Shoulder™

ALL INFORMATION SUBMITTED TO ANGEL ON MY SHOULDER WILL BE HELD CONFIDENTIAL.

## PERSONAL INFORMATION

Last Name		First Name	Middle Name
Maiden Name (if applicable)		Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Permanent Street Address		City / State/ Zip	
School Residence Address		City / State/ Zip	
Cell		Home Phone	Shirt Size: Adult Unisex: <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large <input type="checkbox"/> Other, specify:
Can you receive texts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Best way to reach you: <input type="checkbox"/> Cell <input type="checkbox"/> Email <input type="checkbox"/> Home Phone		Best Time: _____
Email	Describe Your Health: (List any physical/mental limitations or medical condition it would be important to know in an emergency.)		
Social Security Number			
Drivers License Number and State			

## EMERGENCY CONTACT

Emergency Contact Name		Relationship
Emergency Contact Address	Emergency Contact Phone 1	Emergency Contact Phone 2

## VOLUNTEER HISTORY

Describe experiences you have had working with children:

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List organizations or clubs in which you are currently ACTIVE and the role you have:

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Describe other volunteer experiences you have had:

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**Have you ever been to one of our camps as a camper? If so, which one(s) and when?**

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**Have you been a counselor at one of our camps? If so, which one(s) and when?**

## BACKGROUND

Have you ever been convicted of child abuse or sexual abuse offense? If yes, explain.  Yes  No

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Have you ever been convicted of a felony or misdemeanor? If yes, explain.  Yes  No

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I authorize Angel On My Shoulder, to process my application for serving as a volunteer by reviewing my background. Angel On My Shoulder reserves the right to conduct a background check through the Wisconsin Crime Information Bureau. I hereby release 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 Angel On My Shoulder permission to do a background check as Angel On My Shoulder deems necessary.

Signature	Date
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## Camp Counselor/ Volunteer Application

### APPLICATION FOR (continued)

Last Name	First Name	Middle Name
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### CERTIFICATIONS

<input type="checkbox"/> Water Safety Instructor (WSI)	<input type="checkbox"/> Current <input type="checkbox"/> Lapsed	<input type="checkbox"/> Cardiopulmonary Resuscitation (CPR)	<input type="checkbox"/> Current <input type="checkbox"/> Lapsed
<input type="checkbox"/> ARC Lifeguard	<input type="checkbox"/> Current <input type="checkbox"/> Lapsed	<input type="checkbox"/> ARCFirst Aid	<input type="checkbox"/> Current <input type="checkbox"/> Lapsed
<input type="checkbox"/> Other	<input type="checkbox"/> Current <input type="checkbox"/> Lapsed	<input type="checkbox"/> Other	<input type="checkbox"/> Current <input type="checkbox"/> Lapsed

### SKILLS AND INTERESTS First Box Able to Lead, Second Box Willing to Learn, Leave black if unable or unwilling

<input type="checkbox"/> Crafts	<input type="checkbox"/> Fishing	<input type="checkbox"/> Ice Fishing	<input type="checkbox"/> Bicycling
<input type="checkbox"/> Singing	<input type="checkbox"/> Swimming	<input type="checkbox"/> Cross Country Skiing	<input type="checkbox"/> Facepainting
<input type="checkbox"/> Start Campfire	<input type="checkbox"/> Canoeing	<input type="checkbox"/> Snowshoeing	<input type="checkbox"/> List
<input type="checkbox"/> Lead Games	<input type="checkbox"/> Cook Outdoors	<input type="checkbox"/> Ropes Course	<input type="checkbox"/> List

Comments:

Please list any special talents, skills or programs (presentations) in which you are interested and willing to share:

### WHICH CAMP ARE YOU INTERESTED IN?

<input type="checkbox"/> Camp Angel Summer (8-12 Years)	<input type="checkbox"/> Angel Adventures Winter (16-18 Years)
<input type="checkbox"/> Camp Angel Winter (8-12 Years)	<input type="checkbox"/> Angel Adventures Extreme Summer (16-18 Years)
<input type="checkbox"/> Camp Teen Angel Summer (13-15 Years)	<input type="checkbox"/> Camp Hozhomi has its own form. Please download from website.

### PERSONAL STATEMENT Why would you like to take part in Angel On My Shoulder Camps?

I agree that *Angel On My Shoulder* shall be the exclusive owner of all rights in any images (defined as all photographs, videos, recordings or other media) taken of me in connection with *Angel On My Shoulder*. I hereby give *Angel On My Shoulder* permission to use, alter and/or license the images for any lawful purpose. I grant this release with no expectation of payment and acknowledge that my inclusion in *Angel On My Shoulder* activities constitutes sufficient consideration. I agree to make no claim against *Angel On My Shoulder* and to indemnify and hold *Angel On My Shoulder* harmless from any and all claims that I may have related to the images. I agree that the authorization and release is irrevocable, worldwide and perpetual, and will be governed by the laws of the State of Wisconsin. I represent and warrant that I am at least 18 years of age and have the full legal capacity to execute this release. If this authorization and release pertains to a minor, the parent or guardian signing below represents and warrants that he/she has the full legal authority to enter into this authorization and release on behalf of the minor.

Signature	Date
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# Volunteer Pledge of Confidentiality

## **VOLUNTEER PLEDGE OF CONFIDENTIALITY** **Angel On My Shoulder, Ltd.**

By signing below, you acknowledge that you have agreed to be a volunteer for Angel On My Shoulder, Ltd. We thank you for your dedication to our mission! In the course of working with the people we serve, we may come across sensitive personal or medical information. Angel On My Shoulder respects confidential information and wants to ensure that all persons working with Angel On My Shoulder understand and agree that certain information regarding the persons we serve should not be shared with others. Therefore, we ask that you read the following carefully, ask us questions if you do not understand any of these points and sign below to show that you agree with the points.

You understand that as a volunteer, you may have access to confidential social or medical information or information about a family. You understand that communication of, or access to such information, is acceptable only in discharge of your duties and responsibilities as a volunteer. Any such discussion shall not take place in public places or in the presence of persons not entitled to such information. By signing below, you agree that you will not:

- Reveal to anyone the name or identity of a person receiving services from Angel On My Shoulder without first speaking with a representative of Angel On My Shoulder to ensure that the disclosure is acceptable.
- Repeat to anyone any statements or communications made by or about a person receiving services relating to social, medical or family information.
- Reveal to anyone any information that you learn about a participant as a result of discussions with others providing care to the participant.
- Write or publish any articles, papers, stories or other written materials that the names or identities of any participant can be discerned.

By signing below, you agree that you have read this statement and understand your obligation to maintain confidentiality. You agree to honor that obligation and understand that any breach of this policy may result in termination from the volunteer program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_