



Camp ChiMer Counselor Application

Camp Dates: Friday, July 28 – Wednesday, August 2, 2017 (Training occurs on Friday afternoon. Campers arrive on Saturday, July 29 at 1pm)

****Please submit form by June 5th, 2017. **** Your application will be reviewed by Camp Staff. You will be notified no later than June 30th, 2017 if you have been accepted as a counselor.

General Information

Ronald McDonald House Charities of Kansas City, with the medical support of Children's Mercy, is excited to present Camp ChiMer – summer camp specifically geared for children ages nine to 18 who are undergoing peritoneal dialysis, hemodialysis or who have had a renal transplant. Children participate in a variety of indoor and outdoor activities while being carefully monitored daily by health care professionals. Here, kids with special kidney conditions can experience camp just like everybody else.

Camp ChiMer 2017 Overnight Camp Counselor

Counselors support the daily operations and activities of Ronald McDonald House Charities of Kansas City (RMHC-KC) Camp ChiMer Program, helping to ensure and facilitate the smooth and caring delivery of RMHC-KC services to campers. Counselors are the primary caregivers for each camper. The Counselor is responsible for planning, teaching, coordinating, and carrying out activities and guiding campers in their personal growth and daily living skills.

Counselors are expected to be present the ENTIRE week.

There is no cost to you to volunteer. Meals will be provided for you. You are responsible for your own transportation to and from Camp.

Please be sure to notify us if there is ANY CHANGE TO YOUR HEALTH prior to camp starting.

MANDATORY TRAINING

This year we have a brand new facility, **The Three Trails Camp & Retreat Center** located at 16200 E. Highway 40, Kansas City, MO 64136 (<https://threetrailscamp.org>). Therefore we are requiring mandatory training for all counselors. **Training will take place in the afternoon at 1pm on Friday, July 28, 2017 in Kansas City.** Meeting location soon to be determined. It is NOT an option to miss orientation. If you cannot be there for the entire orientation, your volunteer position may be re-assigned.

If you have any questions concerning your application or becoming a counselor at Camp ChiMer, please contact Ariel Penner at apenner@rmhckc.org or (816) 541-8449.

The Camp ChiMer staff would like to thank you for your interest in applying as a Camp Counselor!

Volunteer Application

Personal Information

First Name Last Name
Cell Phone T-shirt size
Preferred Email Address

Business/School Information

Current Student? Yes No
College Major
Employer Occupation/Job Title

Emergency Contact

Name
Phone Type Phone Number
Relationship to applicant

Additional Information

Are you available to volunteer July 28-August2, 2017? Yes No
If No, what dates are you available to volunteer?

What is your preference for the age group you would like to supervise?

Please number your age preference: 1st, 2nd, 3rd

9-11 year olds

12-14 year olds

15-18 year olds

Is this your first year as a counselor at Camp ChiMer? Yes No

If No, what is the number of years you have been a Camp Chimer Counselor?

If Yes, what is your prior Camp Counselor experience?

Why do you want to be a camp counselor?

What experience have you had working with children in a leadership role?

What hobbies, activities, or interests do you have that you might want to utilize at Camp?

Have you had any experience working with children who have special needs or a chronic illness?

Yes No

If yes, please explain:

How do you see yourself fulfilling the needs of a child who attends Camp Chimer?

Have you ever been asked to resign from a volunteer position? Yes No

If yes, please explain:

Medical Help Information

Please complete fully, as all information will be kept confidential.

General Health:

Medication allergies:

Food allergies:

Do you suffer from: (check all that apply)

Frequent Headaches/Migraines Asthma Seizures
Insulin Controlled Diabetes High Blood Pressure/Hypertension
Serious Allergies Requiring Medical Intervention

Please list any health conditions that you have including past surgical procedures:

Physical Restrictions or limitations to activity:

Please list all medications that you are currently taking:

Are you currently pregnant? Yes No Male Applicant

If you check yes, please list any complications (gestational diabetes, hypertension, etc.)

Needs at Camp

Please describe any medical treatments or special considerations you may require during camp:

Immunizations:

Tetanus within the past 10 years Yes No

TB skin test within the past year/12 mo. Yes No

Chicken Pox Yes No

Hepatitis Yes No

Physician Contact

While a physical examination is not required, it is anticipated that ALL volunteers are in good health or under the care of a physician. We do need to have the name of your physician on file, to contact in case of emergency.

Physicians Name:

Phone #

Renal Patients ONLY

Dialysis Patient? Yes No

Note: You are responsible for making your own arrangements for dialysis. In order to better plan for the week, we must know about your dialysis schedule and/or scheduled delivery date ASAP.

Hemodialysis? Yes No

(You must have dialysis scheduled BEFORE camp.)

Days, time & unit:

Peritoneal Dialysis? V

Have arrangements been made for supplies to be delivered? Yes No

Transplant Recipient

Organ:

Date of Transplant:

Consent for Medical Treatment

I hereby grant permission to the medical staff at Camp ChiMer, or such designees as the medical staff may appoint, to provide routine and emergency medical services as required. I assume full financial responsibility for any and all medical and other expenses incurred on my behalf while at Camp ChiMer in connection with medical or other treatment, and acknowledge, agree and understand that Camp ChiMer will not be liable for any such expense. I understand that all information pertaining to me will be treated confidential by

Camp ChiMer, but that said information may be shared with or released to appropriate personnel and/or third parties by Camp ChiMer for the purpose of treatment. Finally, I agree to release Camp ChiMer and its sponsors, volunteers, employees, officers, directors, and agents of any liability arising from the administration or rendering of medical care.

Signature/Name

Date

Disclosure and Authorization

Background Investigation

Have you ever been convicted of a felony? Yes No

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Ronald McDonald House Charities of Kansas City, Inc. ("the Company") may obtain information about you for a volunteer position at Ronald McDonald House Charities of Kansas City Camp ChiMer for the summer of 2016 from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Validity Screening Solutions, PO Box 860443, Shawnee, KS 66286-0443, 866.915.0792, www.validityscreening.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION. A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT is available to you upon request. I certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment/volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature/Name

Date

Background Information

First Name

Middle Name

Last Name

Maiden name or Other Names Used

Date of Birth

Social Security Number

If you choose to not provide your Social Security Number online, an RMHC-KC staff member will call you to request it.

Gender

Female

Male

Good Faith Agreement

I affirm that the information contained in this application is correct to the best of my knowledge. I understand that before beginning my volunteer service, I will be interviewed, submit to a reference check, attend an orientation/training session, and sign a confidentiality statement.

If I am unable to fulfill my scheduled commitment, I will notify Ronald McDonald House Charities with as much notice as possible. If there are any changes to my health prior to camp starting, I will notify Ronald McDonald House Charities.

I understand that this application does not guarantee a volunteer placement with Ronald McDonald House Charities and if accepted, I will not receive payment for my service.

Signature/Name

Date

Photo Release Consent

I grant to Ronald McDonald House Charities the right and permission to use photographs of myself, motion pictures, recordings, or any other record of this interview for legitimate purpose of Ronald McDonald House Charities.

I hereby release and discharge Ronald McDonald House Charities from any and all claims, actions, and demands arising out of or in connection with the use of any of the above, including, without limitation, and all claims for invasion of privacy and libel.

I affirm that I am 18 years of age or older and have read and agree to the foregoing.

Signature/Name

Date

