



C H A M P C A M P V E T E R A N V O L U N T E E R A P P L I C A T I O N

Check here if you **DO NOT** want your address/phone information distributed to other camp volunteers (rosters, e-mail chain)

Name: _____ Camp Nick Name: _____

Address _____ Apt. _____ City: _____ State: _____ Zip: _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Occupation: _____ Place of Work: _____

E-mail (required): _____ Please contact me via (circle one): E-mail Home Cell Work

- I have participated in past AARBF events and have completed a Live Scan Background check for AARBF
- I am a government employee and will be providing an Annual Letter by **May 1, 2010** stating that I am in good standing from my Fire Chief or equivalent.

S E C T I O N A - B A S I C I N F O R M A T I O N

Have you ever had a warrant for your arrest? _____ Been accused or convicted of a felony or misdemeanor? _____

Are you on probation? _____ Parole? _____ Out on bail? _____ Explain if you answered yes to any of the questions:

Are you fluent in any other language besides English? _____ If yes, please indicate: _____

Are you currently certified in: First Aid? _____ CPR? _____ Lifeguard? _____ WSI Instructor? _____

Class B Drivers License w/passenger endorsement? _____ Do you know how to swim? _____ Other? _____

What age group would you prefer working with? Please indicate by placing numbers 1,2,3,4,5 in order of importance:

Ages 5-7/Buckaroos _____ Ages 8-10/Rancheros _____ Ages 11-13/Wranglers _____ Ages 14-16/Seniors _____ Special Needs Cabin _____

Your T-Shirt Size (circle one): M L XL XXL XXXL IF there is a choice , would you prefer a T-Shirt or Tank Top? _____

Please order me head apparel with my camp name embroidered on it. I realize the cost is \$18 per item.

Please order me (circle one) Visor Baseball Cap No thank you

IN CASE OF AN EMERGENCY

Whom should we notify?

NAME	PHONE NUMBER	RELATION
	()	
	()	

Name of Insurance: _____ Policy #: _____ Date of Birth: _____

Family Doctor: _____ Phone Number: () _____

Will you be taking any medications at the time of camp? If yes, please describe: _____

Do you have any health concerns that we should know about while you are at camp? (Asthma, allergies, etc.):



Please mail all information to the Central Region Office:
 Alisa Ann Ruch Burn Foundation, Attn: Ginger, 911 H Street, Fresno, CA 93721
If you have any questions please contact Ginger: 1(888) 495- BURN • Fax (559) 498-1072 • elong@aarbf.org

S E C T I O N B - C O U N S E L O R C O N T R A C T

I _____ (print full name) accept the volunteer position as a Champ Camp Counselor, hosted by the Alisa Ann Ruch Burn Foundation.

I understand that a position as a Champ Camp Counselor is non-compensated. My signature below states that I am able to perform the functions of a Champ Camp Counselor stated in the handbook. I hold harmless Western Camps Incorporated and the Alisa Ann Ruch Burn Foundation from any claim resulting from participation at Champ Camp or any Champ Camp activity.

Champ Camp Training is scheduled from **June 10** starting at 7 pm until the campers arrive on **Saturday, June 12**. Champ Camp is scheduled for **June 12 -19, 2009**. I understand that I must arrive at Champ Camp on time and stay for the entire duration of training and camp and abide by all the rules listed in the Camp Handbook. I agree to a curfew of midnight and will refrain from the use of all alcohol or drugs and participation in sexual activity during the term of this agreement

Champ Camp is physically strenuous . My signature below means I am in good health and do not have any medical conditions that preclude me from performing the job functions of a camp counselor. It also certifies that the information that I provided in my initial application is true and correct to the best of my knowledge.

Although I may not agree, I am willing to participate in the Alisa Ann Ruch Burn Foundation’s decision to support research that enhances the quality of life for burn survivors. My signature below states that I am aware that campers, whose parents have signed releases, will participate in a group study to foster growth and development in burn care and after care for burn survivors.

In addition, I am aware of Champ Camp’s policy to dress tastefully and conservatively while I work as a volunteer with Champ Camp and will dress accordingly.

As a volunteer for Champ Camp, I am aware that sexual harassment is a form of sexual discrimination, which is a violation that involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct based on gender. I understand that sexual harassment is not tolerated at Champ Camp and participation will result in immediate dismissal and I agree to pay for any expense to get myself home.

I also understand that the Alisa Ann Ruch Bum Foundation reserves the right to release any volunteer at any time if the rules and guidelines outlined in the handbook are not followed. I understand that dismissal is at the Camp Directors discretion and will be determined based on what is in the best interest of the campers. Should dismissal occur, I agree to pay for any expense to get myself home.

S E C T I O N C - S I G N A T U R E P L E A S E

My signature below means I agree to the terms of the Counselor Contract above and I certify that the information provided to me in this Champ Camp Volunteer Application is true, correct and as complete as possible. My signature also serves that I read the Champ Camp Handbook and am willing to comply with it.

SIGNATURE: _____ **Date:** _____



Please mail all information to the Central Region Office:
 Alisa Ann Ruch Burn Foundation, Attn: Ginger, 911 H Street, Fresno, CA 93721
If you have any questions please contact Ginger: 1(888) 495- BURN • Fax (559) 498-1072 • elong@aarbf.org