

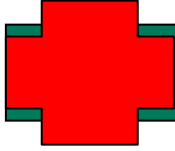


Camp Holiday Trails

A camp for children with special health needs
400 Holiday Trails Lane · Charlottesville, VA 22903
(434)977-3781 · Fax: (434)977-8814



Dr. Carlos Armengol, Jr.
Medical Director



MED TEAM APPLICATION

Office Use Only:

Date Received: _____

References Checked: _____

Interview: _____

Camp Holiday Trails, a non-profit 501(c)3 organization, is a camp for children with chronic illnesses and special medical needs. Established in 1973, Camp Holiday Trails' mission is to empower, encourage and educate children with chronic illnesses, their families and healthcare professionals by providing a summer camp and year-round programming aimed at personal growth.

PLEASE PRINT (all info. remains confidential)

Name _____ Birthday _____ Date _____

Social Security Number _____ Driver's License Number _____ State _____

CURRENT Address _____ City, State, Zip _____

Current Phone _____ Cell _____ Email _____

PERMANENT Address _____ City, State, Zip _____

Permanent Phone _____

How did you hear about Camp Holiday Trails? _____

We staff our Med Korner 24-7 in shifts, much flexibility in scheduling.

2011 DATES

Please indicate the camp sessions or dates you are interested in:

- | | |
|--|--------------------|
| <input type="checkbox"/> Session 1 – Young Camper Week, age 5-12 | June 19 - 24 |
| <input type="checkbox"/> Session 2 – ages 7-17 | June 26 – July 8 |
| <input type="checkbox"/> Session 3 - ages 7-17 | July 10 - 22 |
| <input type="checkbox"/> Session 4 – Camp Youngblood <i>w/ the VA Hemophilia Foundation</i> | July 24 - 29 |
| <input type="checkbox"/> Session 5 – Family Camp | July 31 – August 3 |
| <input type="checkbox"/> Whispering Trails Camp (TENTATIVE) <i>w/ the Williams Syndrome Association</i> | August 14 – 19 |

SPECIFIC DAYS & HOURS AVAILABLE: _____

(we staff Med Korner 24-7, with peak house of 7a-9a and 7p-10p)

OTHER AVAILABILITY: _____

VOLUNTERS WELCOMED WITH T-SHIRTS AND GREAT CAMP FOOD!

Do you need **housing** while at Camp? _____ (our NEW Med Staff Cabin is now open)

Do you plan to bring your **child(ren)** to Camp? _____

If so, **names, gender and ages:** _____

Do your children have any **special needs** we should be aware of? _____

Do you/your children have any **special dietary needs or allergies?** _____

Special Skills & Certifications

Are you currently certified in any of the following areas? Please attach copy of appropriate certification:

First Aid _____ CPR _____ Lifeguard _____ Ropes Course _____

Please list all healthcare certifications, degrees, licenses, etc. _____

RETURNING VOLUNTEER?

SKIP AHEAD TO THE LAST PAGE AND WE'LL GET THE GRANOLA READY!

Education:

Current educational level obtained: High School Diploma/GED College: 1 year 2 years 3 years 4 years Graduate

Name of college and degree/area of study (if applicable): _____

Employment Experience:

Last or Current Employer: _____

Supervisor's Name: _____ City, State _____ Phone _____

Your Position: _____ Responsibilities _____

Dates of Employment: _____

References (please provide two references: non-family members and different from employers):

1) Name _____ Relationship _____ Occupation _____
Email Address _____ Phone Number _____

2) Name _____ Relationship _____ Occupation _____
Email Address _____ Phone Number _____

Please answer the following questions (attach a separate sheet if necessary):

- Please tell us why you want to spend time checking glucose, setting up feeding tubes, administering nebulizers and soothing bug bites and homesickness in our Med Korner this summer.

- What super secret talent can you share with the kids at Camp Holiday Trails?

- What is one Camp activity that you would like to participate in with the Campers?

- How will you assimilate yourself into the daily Camp life outside of Med Korner?

Background Information:

Please answer yes or no to the following questions:

Yes No
 Has your name ever appeared on a sex offender registry?

Yes No
 Have you ever been arrested, charged with, convicted, plead guilty, plead no contest or had adjudication withheld on any crime except minor traffic offenses?

Yes No
 Has your driver's license ever been revoked or suspended?

Yes No
 Have you ever been fired for cause or suspended/expelled from school?

If you answered yes to any of the above questions, please explain _____

Please answer honestly. We run a criminal background check on all applicants to better protect our children and staff.

Yes No
 Are there any reasons you may have difficulty performing any of the essential functions of the job for which you have applied?

Please explain _____

Yes No
 Can you safely lift 50 pounds?

Important Guidelines for all Camp Holiday Trails Staff

- The following are prohibited on Camp property: Smoking – Alcoholic Beverages – Illegal Drugs
No one is allowed at Camp under the influence of any drug.
- Camp work is demanding and requires: Long Hours – Curfews – Limited Time Off – Lack of Privacy – No Pets
.... but it is also lots of fun!

Yes No
 Are you willing to work under these conditions? If no, please explain: _____

Applicant's Certification and Agreement

I, _____ hereby authorize Camp Holiday Trails to obtain information pertaining to any charges or convictions I may have for federal and/or state criminal violations and to complete the required Criminal Background Check. This information will include, but not be limited to, allegations and convictions committed upon minors, and will be gathered from any law enforcement agency of this state or any state or federal government to the extent permitted by state or federal law. **Note: Applicable to all staff and volunteers who will interact with campers.**

I hereby authorize all persons, public agencies, courts, schools, employer companies, and corporations to supply CHT verification of the information provided in my application, including without limitations, evaluations from my prior performances, and I release them from all liability from their so doing. CHT will not share this information with any 3rd party.

The statements on this application are true and complete to the best of my knowledge.

Upon offer of a paid or volunteer position, I understand that I must supply Holiday Trails, Inc. with an updated medical evaluation to be forwarded by my physician.

Any falsification, misrepresentation, or incompleteness in this disclosure is ground for disqualification or termination. The information that I have provided may be verified, if necessary, by contacting all persons or organizations named in this application.

Signature _____ Date _____

Holiday Trails, Inc. is an Equal Opportunity Employer. All applicants are screened without regard to age, gender, race, religion, creed, national origin, ethnic background or disability.

Thank you for your application and your interest in caring for our campers and staff this coming summer. Your time makes a difference in the quality of life of our very special campers.

A Med Team Welcome Packet with directions, Med Staff Manual, final schedule and things to bring list will be sent in the spring.