



Camp CADI** Volunteer Application***
July 17 - 21, 2011

Applicant's Name: (Last) (First) (Middle)

Nickname: Date of Birth: Gender: M F
(Must be at least 22 years old)

Permanent Address: (Street) (City) (State) (Zip Code)

School Address: (If applicable) (Street) (City) (State) (Zip Code)

Phone # Home: Work: Cell: Pager:

Email:

Occupation: Employer:

Are you currently a student? Yes or No School Name:

What is the highest level of education you have completed?

Are you professionally licensed? Yes** or No License Type:

** Please include a photocopy of your professional license(s)

Which age groups would you prefer to work with at camp?

- Ages 8-10 Ages 11-12 Ages 13-16 Ages 17-21

Which of the following activities are you skilled to teach or assist others in teaching?

- Arts & Crafts Pottery Magic / Clowning
Woodworking Music / Singing Cooking
Theatre Dance Photography / Videography
Other

Will you be able to attend the entire week of camp? Yes or No If not, list dates available:

** Camp CADI is a girls summer camp produced by Safe Girls Strong Girls, a non-profit organization.

*** Volunteers must be at least 22 years old to work at Camp CADI.

Applicant's Name: _____
(Last) (First)

Why would you like to volunteer to assist with Camp CADI?

Describe your experience in working with children:

Describe your camp counseling or related experience:

Describe your level of knowledge and experience working with girls who have been sexually abused:

Were you sexually abused as a child? Yes or No If so, have you completed counseling or is your counseling currently ongoing?

Is there anything else that you would like for us to know about you?

How did you find out about our summer camp?

- | | |
|----------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Website: _____ | <input type="checkbox"/> School: _____ |
| <input type="checkbox"/> Brochure: _____ | <input type="checkbox"/> Event: _____ |
| <input type="checkbox"/> Therapist/Doctor: _____ | <input type="checkbox"/> Friend: _____ |
| <input type="checkbox"/> Magazine/Newspaper: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> TV/Radio: _____ | _____ |

Applicant's Name: _____
(Last) (First)

T-Shirt Size:

Adult Sizes:			
<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL

Emergency Contact:

Name: _____ Relationship to You: _____
(Last) (First)

Address: _____
(Street) (City) (State) (Zip Code)

Phone # Daytime: _____ Evening: _____

Email: _____

References:

Please list three people, not related to you, who are willing to be references for you. Your references should know you well (more than three years) and have knowledge of your character, experience, and ability. Where appropriate, one of the recommendations may come from a colleague, college professor, or advisor who has known you for less than three years, but has knowledge of your abilities. Please note you will need to give these individuals permission to speak with us about you.

1. Name: _____ Relationship: _____
(Last) (First)

Address: _____
(Street) (City) (State) (Zip Code)

Phone # Daytime: _____ Evening: _____

Email: _____

2. Name: _____ Relationship: _____
(Last) (First)

Address: _____
(Street) (City) (State) (Zip Code)

Phone # Daytime: _____ Evening: _____

Email: _____

3. Name: _____ Relationship: _____
(Last) (First)

Address: _____
(Street) (City) (State) (Zip Code)

Phone # Daytime: _____ Evening: _____

Email: _____

Applicant's Name: _____
(Last) (First)

*Camp CADI Volunteer Health Profile***

*** Please include additional pages if the space provided on this form is inadequate to completely answer any of these questions. In addition to completing this form, you will also need to provide Camp CADI with a **physician's statement** indicating you have been examined within the last 12 months and are physically fit to attend and participate in vigorous camp activities.*

List your current health concerns or medical diagnosis:

List **all** medications you are currently taking; both prescribed and over-the-counter medicines. Also include approved pain medications that can be taken for headaches, body aches, etc.:

Medicine _____ Dosage _____ Time(s) _____ Prescribed By _____

Medicine _____ Dosage _____ Time(s) _____ Prescribed By _____

Medicine _____ Dosage _____ Time(s) _____ Prescribed By _____

Medicine _____ Dosage _____ Time(s) _____ Prescribed By _____

Other medication information: _____

If applicable, list any allergies you may have to foods, plants, medications, the environment, etc.:

If applicable, list your dietary restrictions:

Have you ever been hospitalized? Yes or No If "Yes", please explain:

Have you ever had any serious injuries? Yes or No If "Yes", please explain:

BACKGROUND HISTORY VERIFICATION WAIVER & RELEASE FOR CONFIDENTIAL RECORDS

PLEASE FILL OUT COMPLETELY FOR VERIFICATION PURPOSES.

Last		First		Middle	
Signature			Sex		Race
Date of Birth (MM/DD/YY)		Social Security Number			
Driver's License Number			State of Issue		
Full Name (as it appears on your Driver's License)					
Education (highest degree attained)			Name & Address of University		
Current Address		City	State	Zip	Dates
Previous Addresses (past 10 years)					
Previous Employers (past 10 years)					

FOR OFFICIAL USE ONLY (CIRCLE):

CRIMINAL

CREDIT

MVR

EMP VER

ED VER

I understand a background check will be conducted in order to ensure the business standards and practices of **Safe Girls Strong Girls** (hereafter referred to as **SGSG**) will not be compromised. The information obtained during the course of this verification will be held in the strictest of confidence by SGSG. I hereby authorize SGSG to perform all checks on my credentials, as allowed by law, including criminal history, credit reports, and query of the sexual offender database regarding my suitability for employment /volunteering, unless otherwise directed by me. I further authorize the State of Georgia as well as any other State, City, Municipality or other agency of the government of the United States of America, to furnish all information and copies of records considered confidential concerning myself. I certify that all statements made by me herein are true and correct. I understand that any misrepresentation or omission made on this waiver may be grounds for immediate termination.

Applicant's Signature: _____ Date: _____

Notary Public: _____ Date: _____

Commission Expiration Date: _____

Conditions of Accepting a Camp CADI Volunteer Position:

1. Camp CADI shall have permission to use your image and voice recording in any advertisement or promotion concerning Camp CADI. Such use shall include, but not be limited to, display of pictures and images on Camp CADI's website or related websites and any advertisement or promotion on television, radio, newspapers, magazines, films, videos, fliers, etc.
2. Should your emergency contact become unavailable during the camp session, you will provide Camp CADI with alternate contact numbers for that person or an alternate emergency contact.
3. In case of medical and/or surgical emergency, you authorize Camp CADI's staff to render to you or arrange for you to receive x-rays, anesthetics, medical, dental or surgical diagnosis, surgery, blood transfusion or treatment and hospital care which is deemed advisable by and is rendered under the supervision of any licensed physician, dentist, surgeon or other medical provider licensed to practice in the state of Georgia.
4. You agree that any professional medical services, rendered during the course of a medical emergency, are your financial responsibility.
5. You acknowledge that certain activities of Camp CADI may have an increased risk of injury. You assume full responsibility for your safety. You agree to release and indemnify Camp CADI, its corporate identity, and all of its agents, representatives, employees (paid and voluntary), from any claims, costs, expenses, and/or damages which you may sustain or incur by joining in such activities, unless restrictions for such activities are noted by you or your physician in advance.
6. If your application is accepted, you agree to arrive at camp when it is scheduled to start or when you are scheduled to assist.
7. You agree that Camp CADI will not be responsible for the loss, damage or theft of your property.
8. You agree to report any accident or injury at the time of the incident to Camp CADI staff.
9. You agree to abide by all the rules and regulations set forth by Camp CADI.
10. All information regarding campers is *highly* confidential. You agree to never release any information regarding Camp CADI campers, unless given written permission by Camp CADI.

All information on this application is correct to the best of my knowledge. I acknowledge that I have read and understand this document, and will accept all terms and conditions listed above pending my acceptance as a Camp CADI Volunteer.

Applicant's Name (*please print*): _____

Applicant's Signature: _____

Date: _____

Camp Dates:

July 17 – 21, 2011

Application Deadline:

Georgia applicants: **May 16, 2011**

Out-of state applicants: **May 16, 2011**

Applicant's Photo:

Please submit a **current** photo along with your application.

Mail your completed application, photo, and physician's statement to:

Safe Girls Strong Girls
2870 Peachtree Road
Suite 144
Atlanta, GA 30305

If you have any questions or concerns, please call us at **(404) 277-5175** or email us at amy@safegirlsstronggirls.org and we will respond as quickly as possible.