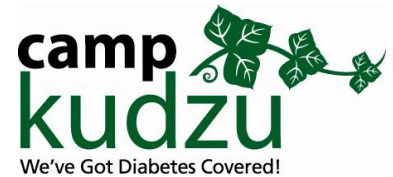


**2010 Summer Camp
Volunteer Staff
Application-New**



Directions: Please complete the form as it applies to you. Some of the questions may not apply. Please check the program(s) for which you are interested in volunteering- Feel free to check more than one box!

- May 29 – June 4, 2010- Session 1 at Camp Twin Lakes in Rutledge, GA**
- June 5 – June 11, 2010- Session 2 at Camp Twin Lakes in Rutledge, GA**
- July 31-August 7, 2010- Session 3 at Camp Barney Medintz in Cleveland, GA**

SECTION A: APPLICANT INFORMATION

Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. (check one)		Nickname- we will use this on name badges	
Legal First Name		Last Name	
Permanent Address - Street	City	State	Zip
If you are currently a student, address when in school - Street	City	State	Zip
Home Phone	Cell phone	Work phone	
School Name	Degree Program	For housing purposes, please indicate your gender <input type="checkbox"/> M <input type="checkbox"/> F	
Occupation/Employer		Email address	
I prefer to receive Camp Kudzu communication through (check one): <input type="checkbox"/> Email <input type="checkbox"/> US Mail			

SECTION B: EDUCATION EXPERIENCE

Have you graduated since you last volunteered with us?	Degree of Education	College/University
Professionally Licensed as : <input type="checkbox"/> RN <input type="checkbox"/> MD <input type="checkbox"/> RD <input type="checkbox"/> RD, CDE <input type="checkbox"/> RN, CDE <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> Other: (please list)		

SECTION C: EMERGENCY CONTACT INFORMATION

In case of an emergency, please contact		Relationship	
Street	City	State	Zip
Home Phone	Cell phone	Work phone	

Applicant Name: _____

SECTION D: KUDZU INFORMATION

Working at Camp

We have a variety of positions and jobs at camp every week. Each person plays a valuable role in making sure that our campers have a safe, fun, and successful week at camp. Job descriptions are posted on the Camp Kudzu website and are written to really let you know what you are raising your hand to do. Most of all, you are going to make a positive difference in the life a young person living with type I diabetes.

We ask for your self assessment of skills and experience when it comes to working with children and in activities areas to help with assembling our summer camp team each session. It is this input that is essential for matching camp's needs with your skills and interests.

Volunteer Staff Position Choice – please mark a 1 next to your first choice and a 2 next to your second choice:

Program Team Staff

- Cabin Counselor for campers ages 8-10
- Cabin Counselor for campers ages 11-12
- Cabin Counselor for campers ages 13-16
- Activity Team Staff
- Head Staff
- Logistics Support Team Staff
- Counselor In Training (CIT) Program Staff

Medical Team Staff

- Endocrinologist
- Clinician
- Medical Clinician in Training
- Dietary Team Staff
- Pump Palace Staff
- Med Lodge Team Staff

If there is any other information about your placement in camp, please indicate it here:

Activity skills:

Check any/all that you are skilled to teach or assist others in teaching:

- | | |
|--|---|
| <input type="checkbox"/> Aerobics/Yoga/Weight Training | <input type="checkbox"/> Photography/Videography |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Pottery |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Sports and Games |
| <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Performance Arts/Theater/Dance |
| <input type="checkbox"/> Music Performance | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Newspaper- writing and desktop publishing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Outdoor skills | |

If you checked other: please share the special talent or activity that you could lend leadership to:

Staff T-Shirt

All Camp Kudzu staff are given a staff t-shirt to wear during check-in. Please indicate your adult t-shirt size:

- Small Medium Large XLarge XXLarge XXXLarge

Applicant Name: _____

SECTION C: STAFF QUESTIONNAIRE

Do you have first-hand experience with Type I Diabetes? If so, please explain
How did you hear about Camp Kudzu?
Please describe your experience working with children:
Describe any camp or related experience you have had:
Describe your level of diabetes knowledge and any experience working with people who have diabetes: (Please note that no prior experience is required)
What do you do in your spare time? (e.g. hobbies, interests, volunteer involvement, etc)
Tell us about a favorite teacher, coach, or mentor and why he or she made an impact on you...
Is there anything else that you would like for us to know about you?

Conditions of Accepting a Camp Kudzu Staff Position

Camp Kudzu shall have permission to use your name, image and voice recording in any advertisement or promotion concerning Camp Kudzu. Such use shall include but not be limited to the display of pictures and images on Camp Kudzu's website, any advertisement or promotion on television, radio, newspaper, magazine, internet, promotional film, video, flier, etc.

Camp Kudzu accepts no responsibility for the loss, damage or theft of your property including personal sports equipment or electronic equipment. Additionally, it is the policy of Camp Kudzu for staff to not have alcohol and other drugs, weapons, or animals on camp. Camp Kudzu requires that all staff using their vehicles for Camp Kudzu official business follow the vehicle/driver protocol.

Should your emergency contact leave his/her place of residence during the camp session, you will advise the Camp Administration where he/she can be contacted in case of emergency.

You agree that any medical/surgical emergency is your financial responsibility.

Applicant Name: _____

In case of medical and/or surgical emergency, you authorize Camp Kudzu's staff to render to you or arrange for you to receive x-rays anesthetic, 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.

You acknowledge that certain activities of Camp Kudzu have an increased risk of injury. You assume full responsibility for your safety. You agree to release and indemnify Camp Kudzu 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 physicians.

You agree to participate in the mandatory training sessions prior to camp and the on-site orientation immediately prior to the start of camp. You agree to arrive at camp at the specified time and remain through the end of the session.

You agree to abide by all rules and regulations set forth by Camp Kudzu, including those set forth in the staff manual.

You agree to report to Camp Kudzu administration any accident or injury at the time of the incident.

You understand that by submitting your application, your information will be used to perform a criminal background (for new staff) and sexual predatory background check (for all staff).

All information regarding campers is highly confidential. You agree to never release any information regarding Camp Kudzu campers, unless given written permission by Camp Kudzu.

All information on my 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 Kudzu Volunteer.

Signature: _____ Date: _____

Voluntary Disclosure Statement

Please answer all questions. Attach a detailed explanation for all "yes" responses.

VOLUNTARY DISCLOSURE STATEMENT

Have you ever been convicted of a crime?	No	Yes
Are you currently on probation or parole for any criminal offense	No	Yes
Are there any criminal charges currently pending against you?	No	Yes
Have you ever been accused of, charged with or convicted of physically or sexually abusing a child?	No	Yes
Have you been accused, charged, or convicted of any act of family violence?	No	Yes

REFERENCES/RECOMMENDATIONS

Please give a copy of the recommendation form to three people who are not related (i.e. not family members) to you to complete. Your references should know you well (more than a year) 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 had known you for less than one year but has knowledge of your abilities. Written recommendations should be mailed directly by the endorser to the Camp Kudzu office when completed.

Name of Reference _____ Relationship _____
Daytime telephone _____ Email Address _____

Name of Reference _____ Relationship _____
Daytime telephone _____ Email Address _____

Name of Reference _____ Relationship _____
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Applicant Name: _____

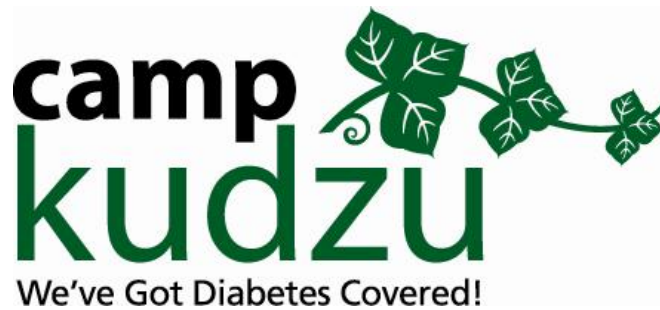
AUTHORIZATION/CONSENT FOR BACKGROUND CHECK

During the application process and at any time during the tenure of my employment/service with Camp Kudzu, I hereby authorize Lexus Nexus, Inc., on behalf of Camp Kudzu to procure a consumer report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from court records, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigations includes information bearing on my character, general reputation, or personal characteristics.

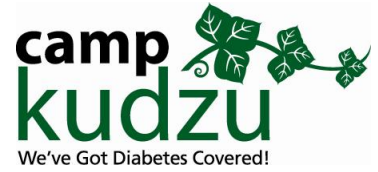
Signature: _____ Date: _____

Social Security Number* _____ Date of Birth* _____

*supplied for identification purposes only



Summer Camp Volunteer
Recommendation Form



Applicant's Name _____

The above- named person has given your name as a reference for a volunteer staff position at Camp Kudzu, a non-profit organization for children living with diabetes. Camp Kudzu offers children a week long summer camp experience as well as weekend programs. We hope that you will carefully evaluate the applicant for us. For more information about the volunteer opportunities at Camp Kudzu and the responsibilities of volunteers take a look at our website, www.campkudzu.org

Please check the box to the right that best describes the applicant's measure of the following attributes:	Not known	Poor	Below Average	Average	Above Average	Excellent
Self Discipline						
Willingness to accept instruction and feedback						
Adaptability						
Perseverance						
Dependability						
Punctuality						
Conscientiousness						
Common sense						
Judgment						
Trustworthiness						
Emotional Stability						
Friendliness						
Tactfulness						
Ability to communicate						
Outgoing personality						
Mental alertness						
Initiative						

Comments on any of the above: _____

Please check the box to the right that best describes the extent to which the applicant demonstrates the :	Not known	Apparent to a serious degree	Often apparent	Sometimes apparent	Rarely apparent	Never apparent
Procrastination						
Irritability						
Discouragement						
Anxiety, worry						
Moodiness						
Argumentative						
Domineering manner						
Common sense						
Judgment						

Comments on any of the above: _____

How long have you know the applicant? _____ In what capacity? _____

What are the applicant's strongest assets?

What is an area of growth for this applicant?

Have you directly observed the applicant's interaction with children? If so, please comment:

Do you recommend the applicant for a position at Camp Kudzu caring for and teaching children with serious health issues at an overnight summer camp?

___ I highly recommend this person

___ I recommend this person

___ I do not recommend this person

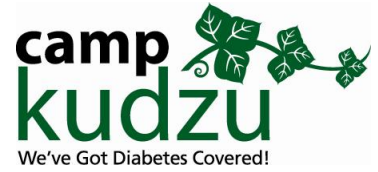
 Signature

 Date

Please return form directly to
 Camp Kudzu
 577 Concord Rd, SE Suite B
 Smyrna, GA 30082
 404-250-1811 phone/404-250-1812 fax

Please complete the following
 Name: _____
 Address: _____
 Phone: _____

Summer Camp Volunteer
Recommendation Form



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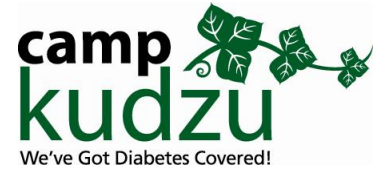
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