

Carol Jean Cancer Foundation, Inc. - Volunteer Application



A Message From Beverly E. Gough, President
Of The Carol Jean Cancer Foundation, Inc. and
Tommy Gough, Director of Camping Programs

*On behalf of our special children and their families
who benefit from the programs of the Carol Jean Cancer
Foundation, Inc., and the volunteers who work so hard
throughout the year to make it all possible, I would like to
thank you for your interest in pursuing a volunteer position.*

*Our camping programs offer a blend of fun and health
care. Medical personnel at the camp are available at all
times. So are trained instructors who supervise traditional
camp activities, such as swimming, rowing, canoeing, sports
and games, fishing, horseback riding, nature hikes, and arts
and crafts. Our goal is to have each camper treasure this
week of camping with us.*

*There's no question that volunteering for our
camping programs is hard work, but I promise you an
experience of a lifetime!*

Carol Jean Cancer Foundation, Inc. Camping Program Descriptions

Camp Friendship

Overnight camping program for children
ages 7-17 with cancer (Sunday through Friday).

Teen Scene

Day and overnight camping program for teenagers
ages 14-17 with cancer (Monday through Friday).

Lori's Junior Day Camp

Day program for children
ages 3-7 with cancer (Monday through Friday).

Beth's Children

Overnight camping program for children ages 7-17
who have a parent with cancer or
have lost a parent to cancer
(Sunday through Friday).

Brothers and Sisters Together

Overnight camp for children ages 7-17 who have
a brother or sister with cancer
(Sunday through Friday).

Other Programs

The Seashell Connection

A pediatric cancer hotline.

The Altair Vision

A program that attempts to fulfill the wishes
of terminally ill children.

Time for Moms & Dads

PAC - Parent at Camp

Moms' Weekend

An opportunity for parents to meet socially with other
parents of children with cancer.

Project STRETCH

Stand Tall - Reach for Education - Climb High

A program providing assistance to CJCF campers
who have graduated from high school in areas such
as job search, resume writing, letters of
recommendation. Plus fun opportunity to stay
in touch with camp friends after age 18.

Teens "N" Twenties

NOTE: Applications are available to any person – 18 and older except for Lori's Junior Day Camp where applicant can be 16 and older – without regard for race, sex, religion, or national origin. Applications are subject to the approval of the Program Committee. To be considered, please fill out the entire application. **Be sure you have answered all questions.** After applications have been reviewed, final applicants will be interviewed.

Carol Jean Cancer Foundation, Inc. provides year-round programs and services free of charge for children with cancer and their families.

Member of COCA (Children's Oncology Camping Association, International)

Registered with the Secretary of State of the State of Maryland as a Charitable Organization

A Not-for-Profit Corporation under Federal Tax Exemption 501© (3) of the Internal Revenue Code

Federal Employer ID No. 52-1511891

10718 Cleos Ct Columbia, MD 21044

410.531.0758

www.cjcf4kids.org

cjcf4kids@live.com

Carol Jean Cancer Foundation, Inc. - Volunteer Application

Last Name First Name Middle Initial Today's Date

Home Address City/State/Zip

School Address City/State/Zip

Home Phone School/Business Phone

Cell Phone Email Address

Birthday Age Male/Female Social Security Number

Program you wish to volunteer for: Camp Friendship Teen Scene
 Teens N Twenties Lori's Jr. Day Camp

You must be 18 or older for all programs except Lori's Jr. Day Camp (16 or older)

Camp Counselor Position Job Description:

1. Assigned to a cabin with a group of campers, responsible for their daily supervision throughout the camp session.
2. Responsible for following the daily schedule of activities as set forth by weekly schedule.

Boy's Counselor: Ages 7 - 9 Ages 10 - 12 Ages 13 & up

Girl's Counselor: Ages 7 - 9 Ages 10 - 12 Ages 13 & up

Camp Medical Staff Position (additional forms will be sent for this category):

Doctor Nurse Nurse's Aide Other _____

Specialized field of medicine: _____

Do you have a private practice? YES NO

With what hospital(s) do you have affiliation? _____

In what state(s) are you certified to practice? _____

I am able to volunteer for: The full week of camp Shifts

Do you cover personal insurance that will cover you at our site? Yes No

Note: A copy of your medical license(s) will be required for our files.

CURRENT CLASSIFICATIONS:	Completion Date	Expiration Date
Red Cross First Aid: ____ Standard ____ Advanced	_____	_____
CPR: ____ 4 hour Adult/Child ____ 8 Hour Professional	_____	_____
Emergency Medical Technician (Level) _____	_____	_____
Advanced Lifesaving: _____	_____	_____
Water Safety Instructor: _____	_____	_____
Lifeguard Training ____ Standard ____ Instructor	_____	_____
Canoeing: ____ Basic ____ Instructor	_____	_____
Sailing: ____ Basic ____ Instructor	_____	_____
Boating: ____ Basic ____ Outboard ____ Instructor	_____	_____

IMPORTANT: Copies of all current classifications MUST ACCOMPANY THIS APPLICATION.

Do you carry Family Medical/Health Insurance? ____ YES ____ NO

Carrier	Policy Number
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REFERENCES:

Name	Relation to you	Address City/State/Zip	Phone

If I am accepted as a volunteer, I agree to complete the full training program. The information provided by me in the Volunteer Application is true and complete to the best of my knowledge. I understand that if I am selected, any false statements will be considered as cause for possible dismissal. You are hereby authorized to conduct any investigation of my personal history, as related to the position for which I have applied.

Signature	Date
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Where did you learn about the programs of the Carol Jean Cancer Foundation, Inc? _____

Do you know anyone involved with the Carol Jean Cancer Foundation, Inc.? _____

FOR ALL APPLICANTS: Please attach a biographical sketch of yourself - telling us why you are interested in volunteering for one of our programs.

Mail application to: Carol Jean Cancer Foundation 10718 Cleos Ct Columbia MD 21044

Teaching Fellows please mail application to: 605 N. Pine St. Charlotte, NC 28202

Volunteer Medical Form

Name _____ Date of Birth _____ Age _____ Sex _____

Home Address _____ City/State/Zip _____

Business Address _____ City/State/Zip _____

In case of Emergency please contact: _____ Phone: _____

HEALTH HISTORY: (Answer YES or NO)

For all questions answered YES, please give date of diagnosis and current management below.

____ Frequent Ear Infections ____ Heart Defect/Disease ____ Convulsions/Seizures
____ Diabetes ____ Asthma ____ High Blood Pressure ____ Cancer
____ Bleeding/Clotting Disease ____ Kidney Disease ____ Visual & Hearing Impairment

ALLERGIES: ____ Hay Fever ____ Poisoning Ivy, etc... ____ Insect Stings ____ Penicillin
____ Other _____

DIETARY RESTRICTIONS/NEEDS: _____

DISEASES: ____ Chicken Pox ____ Shingles ____ Measles ____ German measles ____ Mumps

Please list any other medical problems, conditions, or disabilities: _____

Please list any operations or serious injuries: _____

IMMUNIZATION HISTORY: Staff over 29 please give date of last Tetanus shot ONLY. Immunization records are required. Please record the date, month, & year, of basic immunization and most recent doses:

VACCINES	Date of Basic Immunizations	Date of Booster
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DPT _____

Tetanus Booster (must be current) _____

Oral Polio (Sabin) * TOPV _____

Measles (hard measles, red measles, Rubeola), Rubella (German measles, 3-day), (MMR) _____

Other _____

MUST FILL OUT: _____

Medical/Hospital Insurance Carrier

Policy or Group Number _____

Primary Physician _____ Phone _____

Primary Dentist/Orthodontist _____ Phone _____

CONSENT FOR MEDICAL TREATMENT

I, the undersigned hereby grant permission to the medical staff at CJCF Programs to administer routine and prescribed medication, as well as any emergency care as required. I have provided the camp with all known drug allergies, list of current medications and a medical history. In the event a relative or spouse cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure proper treatment including hospitalization, medication, anesthesia and/or surgery. I also give permission for the staff of CJCF Programs to provide transportation if needed.

Signature

Parent's Signature (if under 21 years old)

Date

* * * * *

PHOTOGRAPHIC AND VIDEO CONSENT FORM

I consent that photographic and/or video pictures may be taken for the purpose of obtaining publicity for CJCF Camping Programs. I also consent to be interviewed for T.V. or newspaper reports while attending CJCF Camping Programs.

Signature

Parent's Signature (if under 21 years old)

Date

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FOR ALL VOLUNTEERS UNDER THE AGE OF 21, PARENTS OR GUARDIANS MUST SIGN

Print Name

Signature

Date

Relationship to Volunteer

Email: cjcf4kids@live.com

Website: www.cjcf4kids.org

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