

2525 Pio Pico Dr., Suite 301, Carlsbad, CA 92008 • Phone (760) 431-4100 • Fax (760) 431-4133

Camp H.O.P.E.

New Volunteer Application

Name _____ Birth date _____

Hm Phone _____ Wk Phone _____

Address _____ City _____ Zip _____

Email (important) _____

Employed by _____ Job _____

Emergency Notification _____ Phone _____ Relationship _____

Health Insurance Plan _____

Bilingual: No Yes What language _____

Counseling background: Degree _____ License # _____

Desiring CEUs _____ Licensure hours _____

Describe experience with children _____

Camp experience: No Yes Describe _____

Specific camp skills/talents (music, art, games, swimming, singing, crafts, etc.) _____

List two references (no relatives):

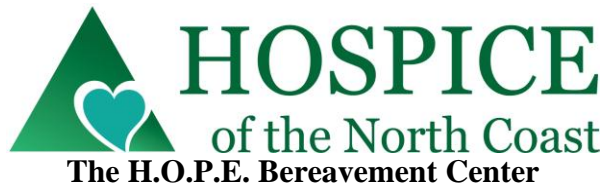
1. Name _____ Phone (day time) _____

2. Name _____ Phone (day time) _____

What interests you about being a Camp H.O.P.E., volunteer counselor? _____

What are you hoping to receive from the experience? _____

Signature _____ Date _____



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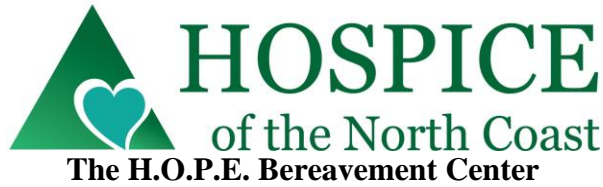
Volunteer Confidentiality Agreement

I shall respect the privacy concerns of the people served by Hospice of the North Coast through Camp H.O.P.E. and I shall hold in confidence all information obtained in the course of my duties at the camp as a volunteer in any capacity and under any circumstances in which the information is obtained. Therefore, I will not disclose an individual's confidences to anyone, except as mandated by law, to prevent a clear and immediate danger to a person or persons or where I am compelled to do so by a court pursuant to the rules of the court. I dully and completely agree to abide by the following confidentiality policies and procedures at all times. (Initial all that apply.)

- ◆ _____ As a volunteer counselor, I shall handle professional records in ways that maintain complete confidentiality.
- ◆ _____ I shall possess an attitude which upholds confidentiality toward the people we serve at Camp H.O.P.E., colleagues, Green Oak Ranch personnel, and any sensitive situations arising during the Camp weekend.
- ◆ _____ Upon leaving the Camp, I shall continue to maintain client and coworker confidentiality and I shall hold confidential any information about sensitive and private situations arising during Camp H.O.P.E.
- ◆ _____ I understand that there should be no discussion of Camp participant family situations or mentioning of family names except in direct contact with other staff or volunteer members of Camp H.O.P.E.
- ◆ _____ I understand that each Camp H.O.P.E. family member has the right not to be photographed without consent and I will be aware of and respect the wishes of those who have refused consent. (I will receive that information at the camp orientation).

Camp H.O.P.E. Volunteer Signature

Date



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Background Inquiry Release

In connection with your application for volunteering at Camp H.O.P.E., with Hospice of the North Coast, on our behalf, EZ-FACTS will make inquiries, including but not limited to, your consumer credit history, education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination of past employments.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld because of information obtained from EZ-FACTS and, in that event, upon your written request, we will provide a copy of the report we receive and the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

Please complete and sign the form which follows, authorizing, without reservation, any party, including, but not limited to, employers, consumer reporting agencies, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by EZ-FACTS to furnish any or all of the above mentioned information. Your authorization releases EZ-FACTS from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to EZ-FACTS the above mentioned information as requested, in order to successfully complete a background investigation for your application for employment. Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

PRINT

Full Name _____ *Date of Birth _____

Social Security # _____ Driver License # _____

Street Address _____

City, State, Zip _____

Maiden or other names used _____

Applicant Signature _____

Graduation Date: High School _____ College _____

*Date of birth is being requested only for the purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes.