



# CAMP NAMANU

## VOLUNTEER NURSE/PHYSICIAN APPLICATION & REGISTRATION

### PERSONAL INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City, State, Zip \_\_\_\_\_ SSN \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(for identification in our database)

Does your employer match monetary contributions or contribute money for volunteer hours?  Yes  No

Would you like to receive mailings regarding Camp Fire?  Yes  No

### EMERGENCY CONTACTS & INFORMATION

Local Emergency Contact (1) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

Local Emergency Contact (2) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

Allergies or Special Considerations: \_\_\_\_\_

### LICENSE

Please attach a copy of your resume and a copy of or online access to your nurse's or medical license.

Send Copies to:

Camp Namanu, Attention: Resident Camp Director  
 619 SW 11th Ave., Suite 234  
 Portland, OR 97205

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### VOLUNTEER & PROFESSIONAL BACKGROUND

Have you volunteered with Camp Fire before?  Yes  No If yes, where? \_\_\_\_\_

Have you ever volunteered at Camp Namanu before?  Yes  No If yes, when? \_\_\_\_\_

Briefly describe your previous experiences working with youth in an outdoor setting (such as Camp Namanu):

\_\_\_\_\_

\_\_\_\_\_

What previous experiences do you have in nursing, and specifically, pediatric nursing?

\_\_\_\_\_

\_\_\_\_\_

## PREFERENCE AND AVAILABILITY

Please check the session(s) you are interested in volunteering for and circle your first choice:

- Session 1: July 3-9 (1 week session)
- Session 2: July 10-16 (1 week session)
- Session 3 & 4: July 17-27 (10 day session)
- Session 5: July 31-August 6 (1 week session)
- Session 6: August 7-13 (1 week session)
- Session 7: August 14-20 (1 week session)

## REFERENCES

Please provide three professional references, not related to you.

Reference (1) _____	Relationship _____
Address _____	Home Phone _____
City, State, Zip _____	Work Phone _____
Place of Employment _____	Mobile Phone _____
Occupation _____	Email _____
Reference (2) _____	Relationship _____
Address _____	Home Phone _____
City, State, Zip _____	Work Phone _____
Place of Employment _____	Mobile Phone _____
Occupation _____	Email _____
Reference (3) _____	Relationship _____
Address _____	Home Phone _____
City, State, Zip _____	Work Phone _____
Place of Employment _____	Mobile Phone _____
Occupation _____	Email _____

# Volunteer Agreement

In consideration of this opportunity to volunteer, I hereby attest that my attendance and involvement in Camp Fire Columbia ("Camp Fire") activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release. I agree to the following terms and conditions, intending to be legally bound by them:

1. I will abide by the mission, rules, regulations, policies and programs of Camp Fire while I am a volunteer.
2. I assume all risks of being a volunteer with Camp Fire. Camp Fire is not liable for any injuries, damages, liabilities, losses, judgments, costs of expenses whatsoever, which I might suffer or sustain in connection with the performance of my volunteer activities for Camp Fire.
3. I will indemnify and hold harmless Camp Fire, its officers and directors, partners, agents, employees, successors, assigns, licensees, sponsors, donors, representatives, guests and affiliates, and volunteers from and against any cause of action, claims, lawsuits, injuries, damages, losses, costs or expenses whatsoever, sustained by any person in connection with my performance of volunteer activities.
4. I understand and agree that Camp Fire may refuse volunteer applications for any reason.
5. I irrevocably grant to Camp Fire its assigns and successors, my consent and full right to: use my name, photograph, likeness, image, voice and biography in any and all media, publications, advertising, and publicity, in connection with my participation hereunder. These affects may be used for inclusion in any promotional or advertising purposes, and I agree to appear without pay.
6. I hereby acknowledge that Camp Fire is an organization involved with children. I hereby confirm, represent and warrant that I have never been convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection herewith.
7. I have accurately and truthfully completed this Volunteer Agreement.

**I have read the preceding and agree to the conditions set forth and certify the above to be true and complete to the best of my knowledge.**

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Volunteer Signature

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Date

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Parent/Guardian Signature (required if less than 18 years old)

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Date

# Code of Conduct

1. To protect Camp Fire staff, volunteers, and program participants, at no time during a Camp Fire program may a staff member or volunteer be alone with a single child wherein they cannot be observed by others. Staff or volunteers should arrange themselves, during the supervision of activities, in a way that other staff or volunteers can see them.
2. Staff or volunteers must never leave a child unsupervised.
3. Restroom Supervision: staff or volunteers will make sure unknown or suspicious individuals do not occupy the restroom before allowing children to use the facilities. Staff or volunteers will stand in the doorway while children are using the restroom. If staff is assisting younger children, doors to the facility must remain open. No child, regardless of age, should ever enter a bathroom alone on a field trip. Always send children in pairs and whenever possible with staff.
4. Staff or volunteers shall not abuse children in any way.
5. Staff or volunteers will respond to children with respect and consideration regardless of the child's sex, race, religion, or culture.
6. Staff or volunteers will respect a child's right not to be touched in ways that make them feel uncomfortable as well as their right to say so. Other than diapering, children may not be touched on areas of their bodies that would be covered by a bathing suit.
7. Staff or volunteers should appear clean, neat, and appropriately attired.
8. Using, possessing, or being under the influence of alcohol or illegal drugs during programming is prohibited. Smoking or the use of tobacco in the presence of children or parents during programming is prohibited.
9. Profanity, inappropriate jokes, sharing intimate details of your own personal life and or any kind of harassment in the presence of children or parents are prohibited.
10. Staff and volunteers must be free of physical and psychological conditions that might adversely affect a child's physical or mental health. If in doubt, a physician should be consulted.
11. Staff or volunteers will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.
12. Staff or volunteers may not be alone with children they meet in Camp Fire programs outside of Camp Fire. This includes babysitting, sleepovers, and or inviting children to your home. Any exception requires a written explanation before the fact and is subject to administrator approval.

\_\_\_\_\_  
Volunteer Signature \_\_\_\_\_  
Date

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**ADMINISTRATIVE USE ONLY**

Individual is Volunteering for (check one):  a single day event/activity, or  multiple days/activities

Criminal Background Check completed on: \_\_\_\_\_ (Date)

Authorized by: \_\_\_\_\_ (Supervisor Signature)



# DISCLOSURE

As part of our volunteer screening process, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.



## AUTHORIZATION TO RELEASE INFORMATION

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Current Address		Dates Lived Here
Addresses for the Past Seven Years: (include street, city, state, zip code)		Dates of Residence:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Date of Birth	Other Names Used (including maiden name)	Years Used
_____	_____	_____
Social Security Number	Drivers License #	State
_____	_____	_____

\_\_\_\_\_

Email address (may be used for official correspondence)

I hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **Camp Fire Columbia** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **Camp Fire Columbia** for identification purposes and for the release of information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **Camp Fire Columbia** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

_____	_____	_____
Printed Name	Applicant Signature	Date