

2018 VOLUNTEER APPLICATION



NAME: _____ DOB: _____

Dear Applicant,

At Camp Kidney (National Kidney Foundation of Arizona), our first priority is the safety of our campers. To protect our campers, we need to ensure that the adults responsible for their care are healthy too. While at camp, we expect each of our volunteers and staff members to be fully responsible for their own health care needs. Volunteers and staff members must come to camp with all medications, supplies and equipment necessary for their own care. In order to best support our volunteer and staff counselors, while also caring for our campers, the following information is required. This information will be used in strict confidence.

Thank you in advance for giving your time and dedication to Camp Kidney 2018. We could not create the magic of camp without your support.

If you have any questions, please contact National Kidney Foundation of Arizona at 602.840.1644. Please prepare the following:

- 1) Complete all sections of this form
- 2) Attach a copy of Driver's License & Health Insurance Card
- 3) Return all forms and records to Jen Godbehere, National Kidney Foundation of Arizona

EMAIL: CAMP@AZKIDNEY.ORG FAX: 602.845.7967 MAIL: 360 E. Coronado Road, Suite 180, Phoenix AZ 85004

VOLUNTEER INFORMATION

Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone #: _____ Birthdate: _____ Male Female

List any Allergies and Dietary Restrictions: _____

CAMP ROLE REQUEST

- Infirmery Staff
- PD/Night RN
- Counselor (Active involvement with campers & activities)

EMERGENCY CONTACTS

Emergency Contact Name: _____ Relationship to Volunteer: _____

Home Phone: (_____) _____ Cell/Work: (_____) _____

Email: _____

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INSURANCE

Insurance Company: _____

Policy Holder: _____ Birthdate: _____

Group #: _____ Member ID: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Web site: _____

CERTIFICATIONS

CPR CERTIFICATED: YES NO If yes, date of certification: _____

CURRENT BACKGROUND CHECK: YES NO

****All volunteers must have a clean background check to be considered to volunteer at Camp Kidney. ****

- If yes, please attach copy to this document
- If no, please reach out to NKF AZ and they will assist you with completing the application. Any costs associated in procuring a background check will be the responsibility of the applicant.

MEDICATIONS

Current Medications: *Include all medications you currently take and/or anticipate taking while at camp. Attach additional sheets if necessary. All medications will be housed at the infirmary during the duration of Camp Kidney. No acceptations will be made.*

MEDICATION	DOSE	FREQUENCY

IMMUNIZATIONS

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**For the safety of our campers, all volunteers must have completed the following immunizations prior to being at camp. Please see the complete list below. If there are any concerns, please call NKF AZ.

- Proof of negative TB (2 step or negative TB titer)
 - One negative TB Test that is within 30 days of volunteering at Camp and one within one year of camp date
 - OR
 - ONE negative TB Titer lab draw within one year of camp date
- If history of testing positive for TB – copy of negative chest x-ray and current TB questionnaire complete
- 2 MMR immunizations or POSITIVE (lab draw) titer
- 2 Varicella immunizations or POSITIVE (lab draw) titer
- Tdap immunization – Proof of one in lifetime or exemption signed by medical provider
- Current Flu (Influenza) shot or exemption signed by medical provider – October through April

MEDIA CONSENT

I, give permission to Camp Kidney, National Kidney Foundation of Arizona, Prescott Pines, and other media invited to camp by Camp Kidney/National Kidney Foundation of Arizona to take and release video footage and photography of the person named below during his/her time at Camp Kidney. I understand that any video or photo may be used on television, in newspapers, magazines, internet, or in any other medium that National Kidney Foundation of Arizona and Prescott Pines may choose.

Printed Name of Volunteer

Signature of Volunteer

Date

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NAME: _____ DOB: _____

CONDITIONS OF VOLUNTEERISM

1. Camp Kidney accepts no responsibility for the loss, damage, or theft of my personal property.
2. I understand, that I will be covered solely by the medical insurance policy in which I am currently enrolled.
3. I authorize a licensed professional to dispense any medications recommended or prescribed by a physician during Camp Kidney.
4. I understand, that as a volunteer, I am expected to be in excellent physical and mental health. Any health concerns need to be fully disclosed to NKF AZ/Camp Kidney Staff team.
5. I assume full responsibility for my own safety. I agree to release and indemnify Camp Kidney, National Kidney Foundation of Arizona and all of their agents, representatives and employees (paid and volunteer) from any claims, costs, expenses and/or damages which I may sustain or incur.
6. If I demonstrates behaviors that are harmful to the camp community, I could potentially be sent home. If I am asked to leave camp, it will be at my own expense. I acknowledge that I will be held financially responsible for acts of vandalism caused at Camp Kidney.
7. I agree to hold the professional staff of Camp Kidney, National Kidney Foundation of Arizona and all of their agents, representatives, employees and volunteers free from any liability which may arise from any accident or illness which may affect during my participation at Camp Kidney.

All of the above information is correct to the best of my knowledge.

Printed Name of Volunteer

Signature of Volunteer

Date

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EMERGENCY MEDICAL TREATMENT

In the unfortunate case of medical and/or surgical emergencies, I authorize National Kidney Foundation of Arizona's medical volunteers to render or arrange for the person named below to receive any x-rays, anesthetic, medical, dental, surgical procedure, treatment or medical care which is deemed advisable by and is to be rendered under the supervision of any physician, dentist, or surgeon licensed in the state of Arizona.

Printed Name of Volunteer

Signature of Volunteer

Date

ALCOHOL, DRUG & TABACCO POLICY

National Kidney Foundation of Arizona and Prescott Pines Policy forbid the possession or use of any alcohol, tobacco, and/or un-prescribed drugs any time while at Camp Kidney.

In agreeing to volunteer at Camp Kidney, you are giving permission for random drug testing, if deemed necessary by the National Kidney Foundation of Arizona.

Staff and volunteers who don't comply will also be sent home immediately at their own expense. No exceptions will be made.

Your signature below indicates your commitment to abide by this policy in its entirety. Please contact the National Kidney Foundation of Arizona at (602)840-1644 if you have any questions regarding this policy.

Printed Name of Volunteer

Signature of Volunteer

Date

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NAME: _____ DOB: _____

CAMP KIDNEY APPAREL ORDER FORM

Name: _____

Email: _____

Phone Number: _____

Sweatshirt is \$20.00 each.

Size: _____SM _____MED _____ LG _____ XL _____XXL _____XXL
(Please include quantity for each size.)

Long Sleeve T-Shirt \$10.00 each.

Size: _____SM _____MED _____ LG _____ XL _____XXL _____XXL
(Please include quantity for each size.)

Total Order Amount: _____

For more information or to place order and/or make payment
please contact Jen Godbehere at 602-845-7907

Orders and payment must be received by Wednesday September 26, 2018.

National Kidney Foundation of Arizona
360 E Coronado Rd #180
Phoenix, AZ 85004
(602) 840-1644