



# CAMP CARTWHEEL

## Volunteer Application

Nevada Childhood Cancer Foundation's Camp Cartwheel is an outdoor day and overnight camp experience designed to help children with cancer or critical illnesses overcome the physical, mental and emotional obstacles posed by childhood disease. Our goal is to provide a medically supervised, cost-free camping program for these children and their siblings, allowing the opportunity to participate in a variety of enjoyable camp activities and to develop new skills. Campers form positive peer relationships, develop greater independence and self-esteem and serve as role models for one another while beginning to see themselves as strong capable leaders!

Camp Cartwheel volunteers must meet the following requirements:

- Be at least 18 years of age.
- Be able to attend ALL required staff training and all operating days of camp.
- Be interviewed and approved by the Camp Cartwheel Leaders.
- **ALL volunteers will be required to submit their immunization record showing proof of current vaccinations.**

All volunteer staff members are required to remain at Camp Cartwheel and Torino Ranch throughout the duration of camp for the safety of the campers and staff. Exceptions for departure from camp may be permitted with prior approval from the Camp Director. Torino Ranch is located approximately one hour outside of Las Vegas off Blue Diamond Road in Lovell Canyon - Spring Mountain Range.

If you are interested in being a volunteer at Camp Cartwheel, please return a completed Volunteer Application to:

**Nevada Childhood Cancer Foundation**  
**Attention: Andrea Rapanos**  
**3711 E. Sunset Rd.**  
**Las Vegas, NV 89120**

**DEADLINE for applications: April 6, 2018**



# CAMP CARTWHEEL

## Event Schedule & Volunteer Positions

### Event Schedule

April 6, 2018

July 7<sup>th</sup>, 17<sup>th</sup>, and 24<sup>th</sup>

July 18-21, 2018

July 25-28, 2018

July 29, 2018

Volunteer Application Deadline

**MANDATORY Training Dates (See page 3 for explanation)**

Camp Cartwheel Session 1

Camp Cartwheel Session 2

Family & Volunteer Picnic

### Position Overview

Our primary goal as volunteers at Camp Cartwheel is to use the four days we have at camp to make a difference in the life of a child. In our limited time, it is very important that we make every moment count by leaving our “coolness” at the door and embracing our fun-loving inner child! Below is a brief outline of our volunteer staff positions and we encourage you to keep in mind that EVERY staff member, regardless of their role, be zany, kooky, nutty, and bonkers, while making sure our campers are supervised while having the best five days of their lives! Squirt guns are optional – Great attitudes are mandatory.

#### Counselor

Camp Cartwheel Counselors will oversee, interact and create an exciting and enjoyable experience with an assigned group of campers for the duration of camp. Relationships built with campers are the most important and critical interactions that they will have while at camp.

Expectations of Counselors:

- Be adaptable, responsible, patient, creative and enthusiastic!
- Work well as a team member.
- Be willing and able to follow directions and understand and comply with all policies and procedures stated in the Camp Manual.
- Remain with the assigned cabin group at all times unless on a break.
- Be responsible for following the activity schedule and time allotments for each activity provided by Camp Administration.
- Sleep in the cabins with assigned cabin group (if applicable).
- Act as positive role models for ALL campers and interact with each of them in an appropriate and positive manner.
- Follow all camp rules and regulations and ensure compliance from campers.
- Be willing to fulfill other Camp Cartwheel duties assigned by camp leadership at any time.

#### Activity Specialist

The Activity Specialists are our activity experts and should show great enthusiasm for their activity as well as provide age appropriate explanations of the activity requirements to campers.

Expectations of Activity Specialists:

- Possess detailed knowledge of the activity and adapt activities based on individual camper needs. Our goal is to include EVERY camper in the fun of each activity and we will create activities that can be performed by all campers. Be prepared to be effective teachers and engage children in all activities!
- Be able to identify and assist Counselors when a camper needs additional supervision or assistance during an activity, whether it is a challenge course or Arts & Crafts event.
- Have A Blast!

### **Medical Staff**

Our Medical Staff is a critical group at Camp Cartwheel. Medical Staff personnel travel throughout the camp facility ready to handle needs or emergencies that may arise whether involving a camper, counselor or other volunteer.

Expectations of Medical Staff:

- Provide NCCF/Camp Cartwheel with all current credentials.
- Provide quality medical care to all campers and staff as needed.
- Work together with Camp Administration and volunteers to prevent and address any medical emergency at camp
- Remain calm and collected during any situation or emergency.

### **Utility and Transportation Staff**

The Utility and Transportation Staff is often singled out for squirt gun ambushes by campers, but are also one of the most dangerous crews to mess with. Not only is the Utility and Transportation Team responsible for helping to set up activities, handle sanitation issues, and bringing drinks and snacks at various waypoints, They are also able to get their hands on some of the COLDEST water jugs that double as NFL-Sideline Celebration Super Soakers. All other volunteer staffers should consider themselves sufficiently warned. Additionally, this team will provide transport for campers/groups with special needs to and from activities, meal times and throughout the camp facility in a responsible manner. Speed limits are strictly enforced. Drivers must be attentive to their surroundings.

### **Kitchen Staff**

The kitchen staff is in charge of providing our three square meals (per day), tidying up meal areas and are the perfect compliment to our beautiful surroundings at Torino Ranch. They assure a satisfying meal come rain or shine and are always willing to help when it comes to a special dietary need or food allergy. As a volunteer staff member, the only thing you will appreciate more than our Kitchen Staff's cooking, is a DRY OUTFIT at the end of the day.

### **Lifeguards**

Lifeguards were born to be wet and our campers always make sure they never feel like fish out of water. They spend their days rotating from stand to sand and then in-the-water duty. Whether watching over our canoes, our beach-goers, or the scuba divers, our lifeguards always have their eyes on the water. Be prepared to get wet!

### **MANDATORY TRAINING DATES**

There are two (2) mandatory training dates. This year they are set for Tuesday, July 17<sup>th</sup> and Tuesday, July 24<sup>th</sup>. These two MANDATORY training sessions are held at Torino Ranch and afford you a unique opportunity to engage with all volunteers, have some great fun, learn about your campers, collect important medical information for your campers, and get your cabins and fun spaces decorated and in order before the kids arrive.

This year NCCF will be offering one alternate training date in Las Vegas at the NCCF Office for those with extenuating circumstances that prevent them from attending one of the trainings noted above. This alternate training day is scheduled for Saturday, July 7<sup>th</sup> and **MUST** be approved by NCCF for you to attend in lieu of the standard training days. Standard training days at Camp are still preferred by NCCF for compliance purposes. **If for any reason at all you cannot make one of the dates before each session, you MUST attend the July 7<sup>th</sup> training (the ENTIRE training) or you will not be permitted to volunteer for Camp this year.**



# CAMP CARTWHEEL

## Volunteer Application

**Mail or fax completed application to:**

Nevada Childhood Cancer Foundation  
Attention: Andrea Rapanos  
3711 E. Sunset Rd.  
Las Vegas, NV 89120  
702-735-8431 - Fax

**Deadline for submissions:**

**April 6, 2018 by 5 pm**

| <u>For Office Use Only</u> |       |
|----------------------------|-------|
| Date received:             | _____ |
| Date processed:            | _____ |
| Background check:          | _____ |
| Interview scheduled:       | _____ |

Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: M F

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (home): \_\_\_\_\_

Phone (work): \_\_\_\_\_ E-mail: \_\_\_\_\_

Other names by which you are known: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

How did you hear about Camp Cartwheel? \_\_\_\_\_

Have you volunteered at Camp Cartwheel before? Y N

If yes, how many years? \_\_\_\_\_ **Camp Name:** \_\_\_\_\_

Position(s) held: \_\_\_\_\_

Check the position(s) are you are applying for:

- Counselor
- Activity Specialist
- Medical Staff

- Transportation & Utility Staff
- Lifeguard
- Kitchen Staff

Check the camp session you are applying for:

|                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | I prefer session 1: July 18-21            | We will do our best to accommodate Volunteer requests but we can not Guarantee that all volunteers will be given their first choice. You will be Notified of camp staffing ASAP |
| <input type="checkbox"/> | I prefer session 2: July 25-28            |   |
| <input type="checkbox"/> | I can do EITHER session 1 or 2 (not both) |   |
| <input type="checkbox"/> | I can do BOTH session 1 & 2               |   |

Sleeping Preference:  Cabin  Tent      Your Shirt Size: \_\_\_\_\_

**Employment History:**

| Dates | Employer | Supervisor Name | Phone | Job Duties |
|-------|----------|-----------------|-------|------------|
|       |          |                 |       |            |
|       |          |                 |       |            |
|       |          |                 |       |            |
|       |          |                 |       |            |

**Education:**

| College/School | Major | Date Completed |
|----------------|-------|----------------|
|                |       |                |
|                |       |                |
|                |       |                |

List any languages that you speak: \_\_\_\_\_

List any skills you have that may be useful at camp:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Certifications:**

Please check any certifications you have and provide a copy of the certificates with application. Medical staff, kitchen staff and waterfront staff are REQUIRED to have the necessary certifications for these positions.

- Emergency Water Safety**    **First Aid**    **CPR**    **BLS**    **ACLS**    **EMT**  
 **Health card**

Other certifications: \_\_\_\_\_

**Previous Residences for last 5 years (include college and home residences):**

City\_\_\_\_\_ State\_\_\_\_\_ Years\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Years\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Years\_\_\_\_\_

**Disclosures**

|   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| Have you ever been convicted of a felony?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any way to those listed below? <ul style="list-style-type: none"><li>• Indecent assault or battery on a child or adult</li><li>• Rape</li><li>• Kidnapping of a child</li><li>• Distribution and trafficking of narcotics or other controlled substances</li><li>• Intent to commit any of the above crimes</li></ul> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been found liable for civil penalties or damages involving sexual or physical abuse of children?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have your parental rights ever been terminated?   | <input type="checkbox"/> | <input type="checkbox"/> |

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**NEW VOLUNTEERS:** Camp Cartwheel Volunteer interviews are mandatory for ALL new volunteers and will be conducted on select days at the NCCF office. Volunteers should expect to be at the interview for ~90 minutes. You will be contacted via phone call to schedule a date and time for an interview.



# CAMP CARTWHEEL

## Volunteer Health & Insurance Information

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Are vaccinations current?    **Y**    **N**                      Last tetanus shot: \_\_\_\_\_

Allergies or special dietary needs: \_\_\_\_\_

Prescribed medications currently being taken: \_\_\_\_\_

Conditions the Medical Staff should be aware of: \_\_\_\_\_

Are you covered by health or accident insurance?                      **Y**    **N**

If yes, please print name of insured as it is written on policy:

\_\_\_\_\_

| Last | First | Middle |
|------|-------|--------|
|------|-------|--------|

SS # of insured: \_\_\_\_\_

Address of insured: \_\_\_\_\_

Name and address of insurance company: \_\_\_\_\_

Phone # of insurance claims office: \_\_\_\_\_

Provider # \_\_\_\_\_ Group # \_\_\_\_\_

Identification # \_\_\_\_\_

Name and address of employer providing coverage: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_



# CAMP CARTWHEEL

## Volunteer Brief Health History Information Sheet

|  |  |
|--|--|
| <b>Do you now or have you ever had a medical diagnosis/health condition?</b>   | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Prefer not to answer<br>If you marked YES, please list below:                                      |
|  | <input type="checkbox"/> Past issue <input type="checkbox"/> Current Issue   |
|  | <input type="checkbox"/> Past Issue <input type="checkbox"/> Current Issue   |
|  | <input type="checkbox"/> Past Issue <input type="checkbox"/> Current Issue   |
|  | <input type="checkbox"/> Past Issue <input type="checkbox"/> Current Issue   |
| <b>Do you now or have you ever been diagnosed with a mental health condition (i.e., anxiety, depression, mood disorder, etc...)?</b> | <input type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer<br>If you marked YES, complete below:   |
| <b>Treatment Status:</b>   | <input type="checkbox"/> Have received treatment (either prior or on-going)<br><input type="checkbox"/> Have not received treatment<br><input type="checkbox"/> Prefer not to answer |

**MEDICATIONS:**

Are you currently taking any medications that you will take during Camp?    Yes    No

If yes, please list the medications (**Please list both prescription and OTC medications**):

|    |     |
|----|-----|
| 1. | 2.  |
| 3. | 4.  |
| 5. | 6.  |
| 7. | 8.  |
| 9. | 10. |

|                                   |  |
|-----------------------------------|--|
| <b>Do you have any Allergies?</b> |  |
|-----------------------------------|--|

**Please use the space below to inform us of anything you feel would better help us provide quality care to you in the event of a health emergency.**





# CAMP CARTWHEEL

## Consent for Medical Treatment and Release

Name: \_\_\_\_\_

In the event that I cannot answer for myself, including, without limitation, any temporary incapacitation due to medical reasons or otherwise, I hereby authorize and direct the Camp Director, or his/her agent, to execute any and all documents including, without limitation, any necessary releases for medical treatment, on my behalf that may be required by any medical facility to perform emergency care, as a result of or related to any accident or illness sustained or incurred to me while at or about the Torino Ranch facility.

I HEREBY EXPRESSLY AND FOREVER WAIVE, DISCHARGE AND RELEASE CAMP CARTWHEEL, THE NEVADA CHILDHOOD CANCER FOUNDATION, AND TORINO RANCH AND THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, REPRESENTATIVES AND SUCCESSORS AND ASSIGNS FROM ANY AND ALL LIABILITY FOR, INCLUDING, WITHOUT LIMITATION, PERSONAL INJURIES OR DAMAGES SUSTAINED, INCURRED, OR ARISING FROM MY PARTICIPATION DURING ANY AND ALL SCHEDULED CAMP PROGRAMS AND ACTIVITIES AT OR ABOUT THE TORINO RANCH FACILITY.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am under the age of 18 and my father/mother/guardian consents to the terms of this Consent for Medical Treatment and Release.

Father/Mother/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YOUR SIGNATURE BELOW INDICATES APPROVAL AND UNDERSTANDING OF THE FOLLOWING:**

I hereby represent and warrant that all of the information and statements provided in the Camp Cartwheel Volunteer Application ("Application") are accurate and true to the best of my knowledge. I understand that completing this application does not guarantee a position at Camp Cartwheel and that my Application may be denied for any reason or no reason. I understand and agree that a background and criminal history check will be conducted and that statements made herein will be investigated.

I understand that making any false statements on this Application or if I resign, are terminated or are asked to resign from a position, whether paid or unpaid, due to complaints of abuse or otherwise inappropriate conduct or relating to a minor or any other person shall constitute sufficient grounds for immediate termination and dismissal from Camp Cartwheel.

I HEREBY RELEASE CAMP CARTWHEEL, TORINO RANCH, THE NEVADA CHILDHOOD CANCER FOUNDATION ("NCCF") AND THEIR RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, REPRESENTATIVES AND SUCCESSORS AND ASSIGNS FROM ANY LIABILITY, CLAIMS, OR DAMAGES IN CONNECTION WITH, ARISING FROM OR RELATED TO ANY AND ALL SCHEDULED CAMP CARTWHEEL ACTIVITIES OR PROGRAMS AT TORINO RANCH AND THE SERVICES PROVIDED IN CONNECTION THEREWITH. I UNDERSTAND THAT, IF ACCEPTED AS A VOLUNTEER, I WILL BE AN AT WILL VOLUNTEER AND THAT ANY AGREEMENT TO THE CONTRARY MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED REPRESENTATIVE OF CAMP ADMINISTRATION AND ME.

I hereby grant an irrevocable, royalty-free, worldwide, perpetual, fully-paid up right and license to Camp Cartwheel and the NCCF to use my name, image, likeness, and voice in promotional materials for Camp Cartwheel and the NCCF, including, without limitation, print media, videos, DVDs, websites, radio advertisements, blogs, and any other forms of promotional materials.

Camp Cartwheel and the NCCF expressly reserve the right to dismiss any person from a volunteer position at any time, in their sole discretion, for any reason or no reason.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am under the age of 18 and my father/mother/guardian consents to the terms contained herein.

Father/Mother/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CAMP CARTWHEEL

## Personal Reference Form

New volunteers are required to have two non-family member, personal references filled out and returned with their application to be considered for a volunteer position.

Name of Volunteer: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Phone #: \_\_\_\_\_

In what capacity do you know this individual: \_\_\_\_\_

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How long have you known this individual: \_\_\_\_\_

Would you recommend this individual to work with children with a variety of special needs? Why or why not?

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Please list several of the candidate's strengths that will enable him/her to work well with children.

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Please state at least one area of improvement that you feel would make this candidate even more qualified for our program and why.

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# CAMP CARTWHEEL

## Personal Reference Form

New volunteers are required to have two non-family member, personal references filled out and returned with their application to be considered for a volunteer position.

Name of Volunteer: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Phone #: \_\_\_\_\_

In what capacity do you know this individual: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you known this individual: \_\_\_\_\_

Would you recommend this individual to work with children with a variety of special needs? Why or why not?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list several of the candidate's strengths that will enable him/her to work well with children.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please state at least one area of improvement that you feel would make this candidate even more qualified for our program and why.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# CAMP CARTWHEEL & NCCF Volunteer Privacy & Confidentiality Agreement

## **STATEMENT OF PRIVACY LAWS AND THE NEVADA CHILDHOOD CANCER FOUNDATION (NCCF) POLICY**

It is the legal and ethical responsibility of all NCCF staff, students, trainees, volunteers, and contractors to use, protect, and preserve personal and confidential client, employee, and NCCF business information, including medical information for clinical or case management purposes (referred to herein collectively as “confidential information”), in accordance with state and federal laws and NCCF policy.

Laws controlling the privacy of, access to, and maintenance of confidential information include, but are not limited to, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), and the State of Nevada Security of Personal Information Act (Rev. 2009; NRS 603A). These and other laws apply whether the information is held in electronic or any other format, and whether the information is used or disclosed orally, in writing, or electronically.

NCCF policies that control the way confidential information may be used include, but are not limited to, the following: NCCF policies 4.15 – 4.16, 5.1 – 5.12 outlined in the NCCF Policy and Procedures Manual. “Confidential information” includes information that identifies or describes an individual, the unauthorized disclosure of which would constitute an unwarranted invasion of personal privacy.

“Medical information” includes the following no matter where it is stored and no matter the format: medical and psychiatric records, photos, videotapes, history & physical’s, diagnostic and therapeutic reports, x-rays, scans, laboratory and pathology samples, patient business records (such as bills for service or insurance information), visual observation of patients receiving medical care or accessing services, any other written or printed document, and verbal information provided by or about a patient. Medical information, including Protected Health Information (PHI), is maintained to serve the patient, health care providers, social service providers, and to conform to regulatory requirements.

Unauthorized use, disclosure, viewing of, or access to confidential information in violation of state and/or federal laws may result in personal fines, civil liability, licensure sanctions and/or criminal penalties, in addition to NCCF disciplinary actions.

## **Acknowledgement of Responsibility**

### **I understand and acknowledge that:**

- The Nevada Childhood Cancer Foundation (NCCF) is, by law, considered a “Healthcare Clearing House.” Therefore, as a volunteer representing NCCF and authorized user, it is my legal responsibility to preserve and protect the privacy, confidentiality and security of all confidential information relating to NCCF, its clients, activities and affiliates, in accordance with the applicable laws and NCCF policy.
- I will access, use or disclose confidential information in the performance of NCCF volunteer duties as outlined by NCCF staff, when required or permitted by law, and disclose information only to persons who have the right to receive that information. When using or disclosing confidential information, I will use or disclose only the minimum information necessary to achieve the desired goal of treatment and/or assistance.
- I will discuss NCCF business and/or client confidential information for NCCF purposes only. I will not knowingly discuss any confidential information within hearing distance of other persons who do not have the right to receive the information. I will protect confidential information which is disclosed to me in the course of my relationship with NCCF and will continue to protect such information even when not active with NCCF or its clients.
- I understand that my access to all NCCF client information, both in print and electronic form, is subject to audit in accordance with NCCF policy and state regulation.
- Under state and federal laws and regulations governing a patient’s right to privacy, unlawful or unauthorized access to or use or disclosure of patients’ confidential information may subject me to disciplinary action up to and including immediate termination from my involvement with NCCF, civil fines for which I may be personally responsible, and criminal sanctions as outlined by both state and federal law.

**I have read, understand, and acknowledge all of the above STATEMENTS OF PRIVACY LAWS AND NCCF POLICY and the ACKNOWLEDGEMENT OF RESPONSIBILITY:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



# CAMP CARTWHEEL

## Volunteer Statement of Understanding & Application Checklist

Initial

Statement

\_\_\_\_\_

I understand that I am required to attend a **full Mandatory** training if I am to be allowed to volunteer for Camp Cartwheel.

\_\_\_\_\_

I understand that failure to attend one of the **preferred Mandatory training days at Torino Ranch** may result in a change of my assigned duty at Camp Cartwheel.

\_\_\_\_\_

I understand that, on the last day of camp, I am expected to remain on the premises of the Torino Ranch to assist in clean-up and breakdown of Camp **past** the time of when the children (campers) are sent home (possibly up to 6:30pm).

\_\_\_\_\_

I understand that, on the last day of camp, volunteers may **not** leave the premises of the Torino Ranch until the security and utility teams have cleared all areas and cabins.

In order to be considered for a volunteer position at Camp Cartwheel, please ensure that you have submitted a **completed** application to us by **5:00pm April 6, 2018**

Please review the checklist below:

All Volunteers:

New Volunteers:

- Completed Application (pg. 4-15)
- Copy of valid driver's license
- Copy of health insurance card
- Copy of additional certifications
- Immunization Record

- 2 completed personal reference forms
- 
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**ALL** volunteers will need to submit proof of current vaccinations in order to attend Camp Cartwheel. The 2 step MMR and 2 Varicella/Chicken Pox vaccines are **LIVE** vaccines. **LIVE** vaccines like the 2 step MMR and 2 Varicella/Chicken Pox **stay LIVE in the body for 90 days**. Because of this, you should have them completed well in advance of attending camp. You may **NOT** attend camp if the vaccinations are given **after** the **2<sup>nd</sup> week in April 2018** as the virus is still live in your system.

**There are two (2) exceptions to this new policy: 1) Religious practice and 2) Active treatment or medical condition in which your physician states you cannot have the vaccines listed above. (A note from your physician should accompany your volunteer application.)**

Please ensure that your e-mail address is **legible** on your application as this will be our primary means of communicating with you. You will receive a confirmation e-mail upon receipt of your application; if you do not please contact Andrea Rapanos via email at [andrea@nvccf.org](mailto:andrea@nvccf.org) or at 702-735-8434.

Thank You!