



CAMP CARTWHEEL

VOLUNTEER APPLICATION

Nevada Childhood Cancer Foundation's Camp Cartwheel is an outdoor day and overnight camp experience designed to help children with 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.

Our primary goal as volunteers at Camp Cartwheel is to use the four days we have with the children to make a positive difference in their life. In our limited time, it is very important that we make every moment count by checking our "coolness" at the door and embracing our fun-loving inner-child! The following is a list of all available camp positions and their requirements. Please note that, regardless of position, ALL camp volunteers are required to have a clear background check, will need to provide a copy of their immunization records, attend the mandatory training, and – if you are a first-time volunteer at camp – be interviewed by the Camp Committee and approved before your application for participation can be processed. If you do not have a copy of your immunization record, you will need to contact Andrea Rapanos at 702.735.8434 to discuss a possible waiver. Please keep in mind that no matter the position you are assigned to at Camp Cartwheel, we strongly encourage you to come with your zany, kooky, nutty, funny, and silly attitude! Squirt guns are optional (nearly ALL the kids will have one. Consider yourself warned!) but FANTASTICALLY SILLY ATTITUDES are MANDATORY!

Camp Positions and Requirements:

- **Counselor** - Camp Cartwheel Counselors will oversee, interact and create an exciting and enjoyable experience with an assigned group of children for the duration of camp. This means you will need to be present ALL the scheduled days of Camp Cartwheel.
 - You **MUST** be at least 18 years of age
 - You **MUST** pass a criminal background check
 - You **MUST** be immunized
 - If selected to be a Counselor, you are expected to be flexible, adaptable, responsible, patient, creative and enthusiastic!
 - You will be required to remain with your assigned group of children at all times with the exception of the times when you are taking your break
 - You are required to be IN THE WATER WITH YOUR CAMPERS at all waterfront activities
 - If you have overnight campers, you will be required to sleep in the cabin with your campers
 - You must be willing to follow the daily activity schedule, directions from both the Camp Directors, Security, Medical, and NCCF Staff and comply with **ALL** policies and procedures rendered and reviewed in the mandatory training.
 - Your behavior must be appropriate at **ALL** times. You set the tone and standard for the children entrusted to your care and are acting as a role model for them. Your behavior should reflect the positive and appropriate behavior you would expect from your fellow Camp Cartwheel staff and the children themselves.

- **Activity Specialist** – The Activity Specialist covers a myriad of activities such as Paddle Boarding, Canoeing, facilitating our Camp Store, Rockwall Climbing, Arts & Crafts, Games, Dance, and the like. Activity Specialists should show great enthusiasm for their respective activity as well as provide age appropriate explanations of the activity and it’s requirements to campers.
 - You **MUST** be at least 18 years of age
 - You **MUST** clear a criminal background check
 - You **MUST** be immunized
 - If selected to be an Activity Specialist, you are expected to be flexible, adaptable, responsible, patient, creative, and enthusiastic!
 - You are expected to learn the how-to’s of your assigned activity if you do not already have a working knowledge of it.
 - Adapt the activity based on the individual needs of the camper so that each activity is 100% inclusive
 - 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.

- **Kitchen Staff** – Under the supervision of our Head Chef, the kitchen staff are responsible for keeping all rumbling tummies happy with yumminess! The awesome culinary geniuses help keep our meal areas tidy and 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.
 - You **MUST** be at least 15 years of age
 - You **MUST** have a valid Food Handlers Card
 - You **MUST** clear a criminal background check
 - You **MUST** be immunized
 - If selected to join our culinary crew, you are expected to be flexible, adaptable, responsible, patient, creative, and enthusiastic!
 - You must be willing to take important safety instruction from the Head Chef to ensure cleanliness and minimize the risk of cross-contamination.
 - You should be willing to be a Team Player and help all Camp participants who have special requests or inquiries.
 - You must be willing to be the keeper of awesome Oreo cookies and stay strong when littles are trying to convince you to give them up no matter what they say or faces they make! Just don’t look them in the eye! 😊

- **Utility and Transport Staff** – The Utility and Transport crew is often singled out for squirt gun ambushes by campers, but they are also one of the most dangerous crews to mess with. Not only is the Utility and Transport crew responsible for helping to set up activities, handle sanitation issues, and bring cool drinks and snacks to various refreshment stations, they are also able to get their hands on some of the COLDEST water jugs that double as NFL Sideline Celebration Super Soakers! They also provide security services and transportation around camp for children and volunteers with mobility issues.

- You **MUST** be at least 18 years of age
 - You **MUST** clear a criminal background check
 - You **MUST** be immunized
 - You **MUST** be able to physically lift 20lbs+
 - If selected to join our Utility & Transport crew, you are expected to be flexible, adaptable, responsible, patient, creative, and enthusiastic!
 - You must be willing to greet all Camp visitors with a smile.
 - You should know how to use a walkie-talkie and a plunger.
 - You will be expected to keep a sharp eye on all those on the camp property for safety purposes and address any immediate security needs as directed by the head of our Utility and Transport team.
 - Oh, and a Super Soaker! Don't forget your super soaker.
- **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 canoes, our beach-goers, or the scuba divers, our Lifeguards always have their eyes on the water.
- You **MUST** be at least 15 years of age
 - You **MUST** be a Certified Lifeguard (and attach a copy of your lifeguard cert)
 - You **MUST** clear a criminal background check
 - You **MUST** be immunized
 - If selected to join our Lifeguard Team, you are expected to be flexible, adaptable, responsible, creative, and enthusiastic!
 - You should always remember SAFETY first when on post.
 - You should be willing to take direction from our Head Lifeguard
 - You should be willing to take shifts with your fellow Lifeguards whether lakeside or poolside to ensure proper coverage.
 - Be willing to enforce waterfront rules and regulations with any and **ALL** persons who visit the waterfront to ensure their safety.
- **Medical Staff** – Our Medical staff is a critical group at Camp Cartwheel. Medical staff travel throughout the camp facility ready to handle the medical needs or emergencies that may arise with any and ALL persons at Camp.
- You **MUST** be a Registered Nurse or licensed Physician in the state of Nevada
 - You **MUST** provide NCCF with a copy of all current credentials
 - You **MUST** clear a criminal background check
 - You **MUST** be immunized
 - Provide quality and appropriate care to all persons at Camp Cartwheel as needed.
 - Work together with NCCF Administration, it's Camp partners, and volunteers to prevent and address any medical emergency at Camp.

MANDATORY TRAINING DATES

- If you are volunteering in Session 1 (July 17 – 20) you are **required** to attend the mandatory volunteer training on Tuesday, July 16th with check-in starting at 11:30am.
- If you are volunteering in Session 2 (July 24 – 27) you are **required** to attend the mandatory volunteer training on Tuesday, July 23rd with check-in starting at 11:30am.
- If you are volunteering in **BOTH** Sessions of Camp, you are **required** to attend **BOTH** mandatory volunteer trainings on Tuesday, July 16th and Tuesday, July 23rd with check-in starting at 11:30am.
- *If you are unable to attend the mandatory trainings on the 16th or the 23rd for any reason, please contact Andrea Rapanos at 702.735.8434*

Additional Documents Required

- **Photo I.D.:** ALL Volunteers must attach a copy of their photo I.D. to their volunteer application
- **Health Insurance Card:** If you have health insurance, please submit a copy of your health insurance card
- **Lifeguard Certifications:** If you are applying to Lifeguard, please submit a copy of your Lifeguard Certification
- **Medical Certs/Credentials:** If you are applying to provide medical services, please submit a copy of your license to practice, First Aid, BLS, ACLS, EMT or any other credentials.
- **Food Handlers:** If you are applying for the kitchen, please attach a copy of your food handler's card
- **NEW VOLUNTEERS ONLY: You will need to attach the two (2) personal reference forms and must attend an in-person interview with an NCCF Staffer and Camp Committee members. You will be contacted by NCCF to schedule that interview after your application and background check have been completed.**
- **Immunizations:** ALL Volunteers need to attach a copy of your immunization record. Again, if you do not have a copy, please contact Andrea Rapanos at 702.735.8434.

Please remember that the 2 step MMR vaccine and the 2 Varicella/Chicken Pox vaccines are **LIVE** vaccines. **LIVE** vaccines like the 2 step MMR and 2 Varicella/Chicken Pox vaccines **stay LIVE in your body for 90 days**. Because of this, you should have them completed well in advance of attending camp if you have not had them already. You may **NOT** attend camp if the vaccinations are given **after** the 2nd week in April as the virus will still be live in your system.

There are two (2) exceptions for immunizations: 1) Religious belief/practice and 2) Active treatment or medical condition in which your physician states you cannot have the vaccines listed above. In both instances, documentation from clergy and/or medical provider will be required for verification purposes.

Please ensure that your email address is LEGIBLE on your application as all correspondence regarding Camp will have via email. Thank you!



CAMP CARTWHEEL VOLUNTEER APPLICATION

APPLICATIONS ARE DUE: MARCH 29, 2019

E-mail or Fax your completed application and all supporting credentials and documentation to: Andrea Rapanos//702.735.8431- Fax//andrea@nvccf.org

FOR OFFICE USE ONLY	
Date Received:	_____
Background check:	_____
Interview Required:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Interview scheduled:	_____
Processed by initials:	_____

NAME: _____

DOB: ____/____/____ SSN: _____-____-_____

SEX: Male Female Are you a new volunteer at Camp Cartwheel? YES NO

If you answered NO, what is your Camp Name: _____

Street Address: _____

City: _____ ST: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email (please print legibly): _____

Other names by which you are known: _____

Driver's License #: _____ ST: _____ Exp. Date: _____

CAMP SESSION(S)/DAYS FOR WHICH YOU ARE APPLYING (Please mark accordingly)	
<input type="checkbox"/> I can attend ALL days of Session 1 only (July 16 th – 20 th)	If you want to volunteer, but cannot commit to an entire session, please tell us specifically which days you are able to volunteer for: <u>Session 1:</u> _____ <u>Session 2:</u> _____
<input type="checkbox"/> I can attend ALL days of Session 2 only (July 23 rd – 27 th)	
<input type="checkbox"/> I can attend ALL days of both Sessions 1 & 2	
<input type="checkbox"/> I can do EITHER session 1 or session 2, but not both and have no preference	
<input type="checkbox"/> I want to volunteer but cannot commit to all days → <i>**Please understand that your limited availability will dictate the task in which you are assigned by the committee.</i>	

Word of Caution: NVCCF values your interest & participation in our Camp program. Please understand that, for our planning purposes, it's imperative that you understand that completing and submitting this application to NVCCF indicates your commitment to this program. We understand emergencies happen, but if you drop out with less than 4 weeks notice or just don't show up – regardless of session(s) you are registered for – you will be suspended from participation in Camp Cartwheel for one (1) year. If you are registered for both sessions and drop one session with less than 4 weeks notice, NVCCF will drop you from both sessions and suspend your participation for one (1) year. Please plan accordingly. Thank you!

How did you hear about Camp Cartwheel? _____

Have you volunteered with NVCCF before? YES NO If yes, when? _____

Have you volunteered with any other agency in your community? YES NO

If yes, with which agency(ies): _____

Preferred Camp Role – Session 1			
Please remember your requested role is NOT a guarantee			
Camp Counselor (for kids ages 5 to 9)		Camp Counselor (for kids ages 10 to 13)	
Camp Counselor (for kids ages 14 to 17)		Activity Specialist (Paddle boarding/Canoes)	
Activity Specialist (games)		Activity Specialist (Arts & Crafts)	
Activity Specialist (Rockwall)		Activity Specialist (Camp Store)	
Kitchen Team		Lifeguard	
Front Desk/Lodge		Medical Staff	
Transport/Utility Crew		Yearbook Team	
2 nd Choice if your initial preference is not available:			

Preferred Camp Role – Session 2			
Please remember your requested role is NOT a guarantee			
Camp Counselor (for kids ages 5 to 9)		Camp Counselor (for kids ages 10 to 13)	
Camp Counselor (for kids ages 14 to 17)		Activity Specialist (Paddle boarding/Canoes)	
Activity Specialist (games)		Activity Specialist (Arts & Crafts)	
Activity Specialist (Rockwall)		Activity Specialist (Camp Store)	
Kitchen Team		Lifeguard	
Front Desk/Lodge		Medical Staff	
Transport/Utility Crew		Yearbook Team	
2 nd Choice if your initial preference is not available:			

If you are staying overnight, what is your sleeping preference? Cabin Tent

What is your shirt size? _____ Are you bilingual? YES NO If yes, what language? _____

Employment History:

Dates	Employer	Supervisor Name	Contact #	Job Responsibilities

Education:

College/Trade School	Major	Date Completed

Certifications: Please check any certification you have and **remember to provide a copy of them with this application.**

Emergency Water Safety First Aid CPR BLS ACLS EMT Food Handler's Card Other: _____

List any skills you have that may be helpful at camp:

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

City _____ State _____ Years lived there _____

City _____ State _____ Years lived there _____

City _____ State _____ Years lived there _____

Disclosures

	YES	NO
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?		
➤ Assault and Battery		
➤ Indecent exposure		
➤ Rape	<input type="checkbox"/>	<input type="checkbox"/>
➤ Kidnapping		
➤ Trafficking and/or distributing narcotics or other controlled substances		
➤ Human Trafficking		
➤ Domestic Violence/Stalking		
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 Temporary Protection Order?	<input type="checkbox"/>	<input type="checkbox"/>
Have your parental right every been suspended or terminated?	<input type="checkbox"/>	<input type="checkbox"/>

NEW VOLUNTEER INTERVIEWS

If you are a first-time volunteer at Camp Cartwheel, and provided you pass a background check and turn in both of personal reference forms, you will be required to attend an interview with NVCCF staffers and Camp Committee members. You will be contacted by phone by an NVCCF staff member to arrange a date and time for that interview. You can anticipate the interview to be about 20 minutes in length. **If you live out of state**, we can arrange for a phone conference to conduct your interview. If you fail to attend your interview – whether in-person or by phone – without prior notice to reschedule, your application will be denied.



Camp Cartwheel Volunteer Health & Insurance Information

Volunteer Name: _____

DOB: _____

Emergency Contact Name: _____

Contact #: _____

Relationship to you: _____

Health History	
Do you now or have you ever had a medical diagnosis/health condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Prefer not to answer 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
Mental Health	
Do you now or have you ever been diagnosed with a mental health condition (i.e., anxiety, depression, mood disorder, Bipolar disorder, etc...)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Prefer not to answer
If you answered YES, what is your current treatment status?	<input type="checkbox"/> I am in active mental health treatment <input type="checkbox"/> I have completed treatment <input type="checkbox"/> I have not received treatment <input type="checkbox"/> I prefer not to answer
Medications and Allergies	
Are you currently taking any medications that you will need to take during Camp?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered YES, please list the medications below (List both prescription and OTC meds)
1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
Do you have any allergies to medications?	<input type="checkbox"/> No <input type="checkbox"/> Yes If you marked YES, please list those medications below:
Do you have any allergies to foods or any dietary restrictions (i.e., diabetic diet, gluten free, low sodium, shellfish allergy, fruit allergy, etc...)?	<input type="checkbox"/> No <input type="checkbox"/> Yes If you marked YES, please list those allergies below:
Are your vaccinations current?	<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please remember to attach a copy of your vaccination record and a copy of your health insurance card to this application. If your vaccinations are not current, please contact Andrea Rapanos at 702.735.8434 to discuss.



CAMP CARTWHEEL CONSENT FOR MEDICAL TREATMENT

Volunteer Name: _____ DOB: _____

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 Cartwheel 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 camp site facility.

I hereby expressly and forever waive, discharge, and release the Nevada Childhood Cancer Foundation, the Camp Cartwheel site, and their respective officers, directors, employees, agents, volunteers, 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 Camp Cartwheel site.

Signature: _____ Date: _____

I am under the age of 18 and my parent/legal guardian consents to the terms of this Consent for Medical Treatment as stated above.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Date: _____



Nevada Childhood Cancer Foundation Camp Cartwheel

Volunteer Privacy & Confidentiality Agreement

It is the legal and ethical responsibility of all Nevada Childhood Cancer Foundation (NVCCF) staff, students, trainees, volunteers and contractors to protect and preserve personal and confidential client, employee, and NVCCF business information, including medical information for clinical, case management, and program management purposes (referred to herein collectively as “confidential information”), in accordance with state and federal laws and NVCCF 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. NVCCF policies that control the way confidential information may be used include, but are not limited to, the following: NVCCF policies 4.15 – 4.16, 5.1 – 5.12 outlined in the NVCCF 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 and 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 NVCCF disciplinary actions.

By signing this form, you fully understand and acknowledge your legal responsibility to preserve and protect the privacy, confidentiality and security of all confidential information relating to NVCCF, its clients, activities and affiliates, in accordance with applicable state and federal laws and NVCCF policy, both in print and electronically. Furthermore, you understand you may use or disclose PHI in the performance of your NVCCF volunteer duties as outlined by NVCCF 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, you will use or disclose only the minimum information necessary to achieve the desired goal of treatment and/or assistance and for NVCCF purposes only. You understand that, under state and federal laws governing a patient’s right to privacy, unlawful or unauthorized access to or use or disclosure of patients’ confidential information my subject you to disciplinary action up to and including immediate termination from my involvement with NVCCF, civil fines for which you may be personally responsible, and criminal sanctions as outlined by both state and federal law.

Signature: _____

Date: _____

Print Name: _____



Nevada Childhood Cancer Foundation Camp Cartwheel

Release and Hold Harmless Agreement

Your signature below indicates approval and understanding of the following:

I hereby represent and warrant that all information and statements provided in the Camp Cartwheel Volunteer 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. 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 grounds for immediate termination and dismissal from Camp Cartwheel.

I hereby release Camp Cartwheel, the Camp Cartwheel site, the Nevada Childhood Cancer Foundation (NVCCF) 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 Camp Cartwheel 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 the Nevada Childhood Cancer Foundation and me.

I hereby grant an irrevocable, royalty-free, worldwide, perpetual, fully-paid up right and license to Camp Cartwheel and the Nevada Childhood Cancer Foundation (NVCCF) to use my name, image, likeness, and voice in promotional materials for Camp Cartwheel and the NVCCF, including, without limitation, print media, videos, DVD's, websites, social media outlets, radio advertisements, blogs, and any other forms of promotional materials.

The Nevada Childhood Cancer Foundation 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: _____

Date: _____

Signature: _____

I am under the age of 18 and my parent/legal guardian consents to the terms contained herein as noted above.

Parent/Legal Guardian Name (Print): _____

Parent/Legal Guardian Signature: _____ Date: _____



Camp Cartwheel Volunteer Statement of Understanding & Application

Checklist

Initials

Statement of Understanding

- _____ I understand that, upon check-in for Camp Cartwheel, I will need to surrender my car keys to the NVCCF and Camp Site Staff to be housed in the lodge for the duration of my stay as required by fire code.
- _____ 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 may result in a change of my assigned duty at Camp Cartwheel or dismissal from Camp Cartwheel altogether.
- _____ I understand that, on the last day of camp of which I am are volunteering, I am expected to remain on the premises of the Camp Site 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 camp site until the security and utility teams have cleared all areas and cabins.
- _____ The completion and submission of this application is indicative of a commitment to volunteer for this program. Unless it's a true emergency, I understand that if I back out of this commitment – in either session - within 4 weeks of the start of Camp Cartwheel, NVCCF will suspend my participation in Camp Cartwheel for one (1) year. If I am registered for both sessions and I drop out of one within 4 weeks of the start of Camp Cartwheel, I will be dropped from both sessions and NVCCF will suspend my participation in Camp Cartwheel for one (1) year.

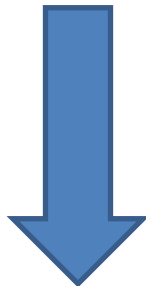
Initials

Camp Cartwheel Application Checklist

- _____ Fully completed and LEGIBLE Volunteer Application
- _____ Copy of valid Driver's License
- _____ Copy of Health Insurance Card
- _____ Copy of all credentials as it relates to desired volunteer medical position
- _____ Copy of Food Handlers card (Kitchen applicants only)
- _____ Copy of Lifeguard Certification (Lifeguard applicants only)
- _____ Copy of Immunization Records (or, if approved by NCCF, Immunization Declaration Form)

NEW VOLUNTEERS ONLY

If you are new volunteer to Camp Cartwheel, you must have the next two (2) pages completed by NON-FAMILY members and returned with this application for processing. If you have any questions, please contact Andrea Rapanos at 702.735.8434 or via email at andrea@nvccf.org.





NEVADA CHILDHOOD CANCER FOUNDATION CAMP CARTWHEEL

PERSONAL REFERENCE FORM

Name of Volunteer: _____ Date: _____

Name of Reference: _____ Phone: _____

In what capacity do you know this individual:

How long have you known this individual? _____

What are some strengths you feel this person has that will enable him/her to work well with children?

What are some weaknesses or areas of improvement that you feel this person has that might inhibit his/her ability to work well with children?

Do you have any reason to question this person's reliability? YES NO

If yes, why? _____

When was the last time you had contact with this person? _____

Do you have any reason to question this person's honesty or character? YES NO

If yes, why? _____

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



NEVADA CHILDHOOD CANCER FOUNDATION CAMP CARTWHEEL

PERSONAL REFERENCE FORM

Name of Volunteer: _____ Date: _____

Name of Reference: _____ Phone: _____

In what capacity do you know this individual:

How long have you known this individual? _____

What are some strengths you feel this person has that will enable him/her to work well with children?

What are some weaknesses or areas of improvement that you feel this person has that might inhibit his/her ability to work well with children?

Do you have any reason to question this person's reliability? YES NO

If yes, why? _____

When was the last time you had contact with this person? _____

Do you have any reason to question this person's honesty or character? YES NO

If yes, why? _____

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