

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



SAVE AS A DOCUMENT BEFORE SENDING TO ENSURE ALL INFORMATION IS SAVED.

CAMP CARTWHEEL

VOLUNTEER APPLICATION

FOR OFFICE USE ONLY

Date Received: _____
 Background check: _____
 Interview Required: YES NO
 Interview scheduled: _____
 Processed by initials: _____

APPLICATIONS ARE DUE: May 3, 2021

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

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

Employment History (Last 5 years only):

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 for a virtual 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?

Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?

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
- 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?

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?

Have your parental right every been suspended or terminated?



Nevada Childhood Cancer Foundation's 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 may 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's 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, 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 Nevada Childhood Cancer Foundation (NVCCF) to use my name, image, likeness, and voice in promotional materials for Camp Cartwheel and NVCCF, including, without limitation, print media, videos, DVD's, websites, social media outlets, radio advertisements, blogs, and any other forms of promotional materials.

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 without explanation.

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

Camp Cartwheel Application Checklist

- _____ Fully completed and LEGIBLE Volunteer Application
- _____ Copy of valid Driver's License
- _____ Copy of Health Insurance Card
- _____ **Copy of Immunization Records or Titters results**



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.

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'S 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?



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