 **CAMP CARTWHEEL **

**VOLUNTEER APPLICATION**

Nevada Childhood Cancer Foundation’s (NVCCF) 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 five days we have with the children to make a positive difference in their life. 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 to include a copy of your COVID-19 vaccinations, 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 ARE NOT VACCINATED, YOU WILL NOT BE ELIGIBLE TO ATTEND OUR CAMP.** 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 so consider yourself warned!) 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 also be expected to attend every day of camp.
	+ You will always be required to remain with your assigned group of children except during breaks.
	+ 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 NVCCF Staff and comply with **ALL** policies and procedures rendered and reviewed in the mandatory training.
	+ Appropriate behavior is always required. You set the tone and standard for the children entrusted to your care and serve as role model. Your behavior should reflect the positive and appropriate behavior you would expect from your fellow Camp Cartwheel staff and the children themselves.
* **Skill Up Program – Counselor Trainee** - The Skill Up Program is designed for those between the **ages of 17 and 19** who are **first time volunteers and want to be Camp Counselors**. The Counselor-In-Training will be paired with a seasoned Camp Counselor and mentored throughout the week. This program is designed to enhance what leadership skills you already possess, strengthen those and build upon them with the purpose of helping the Mentee become the best Camp Counselor he/she can possibly be.
	+ You **MUST** be at least 17 years of age and no older than 19 years of age
	+ You **MUST** be a first-time volunteer for NVCCF/Camp Cartwheel
	+ You **MUST** clear a criminal background check
	+ You **MUST** be immunized (COVID 19 vaccine REQUIRED)
	+ If selected, you will be expected to meet all the same criteria as our seasoned Counselors (please see position description above.)
	+ Appropriate behavior is always required. You set the tone and standard for the children entrusted to your care and serve as role model. 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 its 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 details 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 Sous 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, but they are also able to get their hands on some of the COLDEST water jugs that double as NFL Sideline Celebration Super Soakers! They 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 beachgoers, 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 all persons who visit the waterfront to ensure 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 and/or licensed Physician in the state of Nevada.
	+ You **MUST** provide NVCCF 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 NVCCF Administration, it’s Camp partners, and volunteers to prevent and address any medical emergency at Camp.

**MANDATORY TRAINING DATE**

* The Volunteer Staff training date is scheduled for Monday, July 18th with check-in slated to begin at 11:30am at Torino Ranch. This Volunteer Staff training is **MANDATORY**. If you cannot attend, you cannot participate.

**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 NVCCF Staffer and Camp Committee members. You will be contacted by NVCCF to schedule that interview after your application and background check have been completed.**
* **NEW VOLUNTEER AND SKILL UP ORIENTATION: Your first year can be a bit overwhelming if you don’t know what to expect. First years AND Skill Up trainees should plan on attending the New Volunteer Orientation on Saturday, June 25th at Nevada Childhood Cancer Foundation starting at 11:00am.**
* **Immunizations: ALL Volunteers need to attach a copy of your immunization record to include your COVID-19 vaccines as well. NO EXCEPTIONS.** 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 is (1) exception for immunizations: A medical condition in which your physician states you cannot be vaccinated in which case documentation from your medical provider on their letterhead will be required for verification purposes.
* **COVID 19 vaccinations are mRNA vaccines meaning they are NOT live virus vaccines and, therefore, do not carry the same stipulation as the MMR or Varicella vaccines.**

**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. BEFORE SENDING.**

FOR OFFICE USE ONLY

Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Background check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interview Required: YES NO

Interview scheduled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Processed by initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CAMP CARTWHEEL VOLUNTEER APPLICATION**

**APPLICATIONS ARE DUE: April 15, 2022**

**E-mail or Fax your completed application and all supporting credentials and documentation to:**

Andrea Rapanos **-** 702.735.8431 (Fax) or email toandrea@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 Nickname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_

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| **CAMP DAYS FOR WHICH YOU APPLYING (Please mark accordingly)** |
|  I can attend ALL days of Camp Cartwheel including Training Day (July 18th – 23rd ) I want to volunteer but cannot commit to all days 🡪\*\**Please understand that your limited availability will dictate the task in which you are assigned by the committee.*  | If you want to volunteer, but cannot commit to an entire session, please tell us specifically which days you are able to volunteer for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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 dates you are registered for – you will be suspended from participation in Camp Cartwheel for one (1) year. Please plan accordingly. Thank you!**  |

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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Preferred Camp Role (Please mark one & list your 2nd choice at highlighted area)****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, dance) |  | Activity Specialist (Arts & Crafts) |  |
| Activity Specialist (Rockwall, Gaga Pit) |  | Activity Specialist (Camp Store) |  |
| Transport/Utility Crew |  | Lifeguard |  |
| Front Desk/Lodge/Yearbook |  | Medical Staff |  |
| Kitchen Team |  | Kitchen Prep Crew (weekend before Camp starts) |  |
| **2nd Choice if your initial preference is not available:** |

**Are you staying overnight?** Yes No (\***Note**\*: provided space is available, volunteers will be placed in cabins to sleep. When cabins are full, we will have overflow in 10 person tents provided by NVCCF. If you are in an overflow tent, you will be notified prior to the start of camp so you may plan accordingly.)

**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 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **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 rights every been suspended or terminated? |  |  |

**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 or zoom to conduct your interview. If you fail to attend your interview – whether in-person or by phone/zoom – without prior notice to reschedule, your application will be denied.

**SKILL UP**

The Skill Up Program is designed for those between the ages of 17 and 19 who are first time volunteers and want to be Camp Counselors. The Counselor-In-Training will be paired with a seasoned Camp Counselor and mentored throughout the week. This program is designed to enhance what leadership skills you already possess, strengthen those skills, and build upon them with the purpose of helping the Mentee become the best Camp Counselor he/she can possibly be. Those who sign up for this program will also be required to pass a background check and attend an interview with NVCCF staffers and Camp Committee members. Again, the interview will be about 20 minutes in length.

**Camp Cartwheel Volunteer Health & Insurance Information**

Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Health History** |
| **Do you now or have you ever had a medical diagnosis/health condition?** |  YES NO Prefer not to answerIf you marked YES, please list below: |
|  |  Past Issue Current Issue |
|  |  Past Issue Current Issue |
|  |  Past Issue Current Issue |
|  |  Past Issue 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.)** |  YES NO Prefer not to answer |
| **If you answered YES, what is your current treatment status?** |  I am in active mental health treatment I have completed treatment I have not received treatment I prefer not to answer |
| **Medications and Allergies** |
| **Are you currently taking any medications that you will need to take during Camp?** |  Yes 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?** |  No 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.)?** |  No Yes If you marked YES, please list those allergies below: |
| **Are your vaccinations current?** |  Yes No | **Do you have health insurance?** |  Yes No |

**Please remember to attach a copy of your vaccination record(s) 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 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’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 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’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** | **Statement of Understanding** |
| \_\_\_\_\_\_\_\_\_\_\_\_ | I understand that, upon check-in for Camp Cartwheel, I will need to surrender my car keys to 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 the 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 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 (Including COVID-19 Vaccination card)**  |

**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 the strengths you feel this person has that will enable him/her to work well with children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the weaknesses or areas of improvement 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’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 the strengths you feel this person has that will enable him/her to work well with children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_