



**Camp Opportunity, Inc.**  
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 Phoenix, MD 21131  
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**Application Checklist (All are required):**

- |   |   |
|---|---|
| <input type="checkbox"/> App Form (pg. 1-2)                       | <input type="checkbox"/> Vol. Agreement (pg. 4) |
| <input type="checkbox"/> CPS Background Check (pg. 2)             | <input type="checkbox"/> Hashawa Rel (pg. 5)    |
| <input type="checkbox"/> Policy / Disclaimer /<br>Consent (pg. 3) | <input type="checkbox"/> Health History (pg. 6) |

## Camp Opportunity -- Volunteer Application Form

(One application per Volunteer)

**Volunteer Application must be completed in full including all the items listed above in the Application Checklist. Volunteers will not be allowed on the campground with an incomplete application.**

▶ **Volunteer Information:**

LAST NAME	FIRST NAME	INITIAL	SEX MALE FEMALE	DATE OF BIRTH (MM/DD/YY)
STREET ADDRESS		CITY, STATE		ZIP CODE
HOME PHONE		CELL PHONE		T-SHIRT SIZE
E-MAIL ADDRESS				

*Everyone 18 or older must submit to a background check to be considered as a volunteer*

▶ **Background Check (if over 18)**

- Yes      I am willing to submit to a background check.  
 No        I am not willing to submit to a background check.

*Everyone must submit the Following Forms:*

- |  |  |
|--|--|
| <input type="checkbox"/> Health History Form | <input type="checkbox"/> Medical Administration Authorization Form (if under 18) |
| <input type="checkbox"/> Hashawa Release     | <input type="checkbox"/> Disclaimer/Consent Form                                 |

▶ **Parent / Guardian (if under 18):**

LAST NAME	FIRST NAME
HOME ADDRESS (STREET, #, APT)	CITY                      STATE      ZIP CODE
HOME PHONE	BUSINESS PHONE                      CELL PHONE
E-MAIL ADDRESS	

▶ **Emergency Contacts (Other than Parents/Guardians listed above)**

EMERGENCY NAME	RELATIONSHIP
HOME PHONE	BUSINESS PHONE                      CELL PHONE
E-MAIL ADDRESS	

Volunteer Name \_\_\_\_\_

► References:

NAME
ADDRESS or E-MAIL ADDRESS
PHONE

NAME
ADDRESS or E-MAIL ADDRESS
PHONE

NAME
ADDRESS or E-MAIL ADDRESS
PHONE

► Emergency Contacts (Other than Parents/Guardians listed above)

EMERGENCY NAME	PHONE NUMBER(S)	RELATIONSHIP

► CPS Background Check

**Go to the link below and fill out and print the CPS clearance form and bring it with you to camp.**

[https://dhr.maryland.gov/documents/Child Protective Services/1279A Background Clearance Form-bd.pdf](https://dhr.maryland.gov/documents/Child%20Protective%20Services/1279A%20Background%20Clearance%20Form-bd.pdf)

► Policy / Disclaimer / Consent

Camp Opportunity was formed as a non-denominational faith-based organization devoted to helping children in need. One tenet of the camp program is that the incorporation of certain religious ideas may benefit the campers. As such, the idea of a God or Creator may be introduced into some lessons and each day ends with a prayer of thanks. Volunteers are not required to profess a belief in God. People at camp do not preach to or try to convert anyone and some of our best volunteers are not religious.

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender or gender identity, sexual preference, age, or disability.

- Should it become necessary for my child/myself to have medical care, I hereby give authority to Camp Opportunity, Inc to use its best judgment in obtaining medical care for my child/myself, including to hospitalize, secure proper treatment for, and/or to order and secure necessary related transportation and driver, injections, anesthetics or surgery for my child/myself. I agree to be responsible for any medical expenses incurred by me or by the camp on behalf of my child/myself. I understand that in the event of an illness or accident, Camp Opportunity will make all reasonable efforts to notify me as soon as possible.
- I hereby waive, release and absolve and agree to indemnify and save harmless the camp and their respective officers, employees and agents from all liability arising from my child's/my participation in the camp program, except such as results solely from its or their willful neglect or willful default. I confirm that my child/myself is capable of participating safely in the full program including all activities unless I advise you otherwise in writing and I acknowledge that such participation involves risks and hazards incidental thereto all of which are assumed by me.
- To the best of my knowledge, I, the undersigned, have fully disclosed all medical, psychological and/or emotional problems or concerns, and I affirm that the information contained in this medical form is complete, true and accurate. In the event that the above information should change, I will disclose such changes in writing to the camp without delay.
- I understand that my responsibilities as a camp counselor will include, but not be limited to, working one-on-one with an individual camper who is assigned to me. I understand that my responsibilities include being with the child for the entire week at camp and that the expectation is for me to provide a nurturing and supportive environment for him or her. I understand that my responsibilities also entail me being a team player and supporting the mission of the Camp Opportunity community.
- I understand that Camp Opportunity has a no tolerance policy regarding illegal drugs and alcohol, even for those of legal drinking age. I will remain substance-free when participating in all camp opportunity events and will not have them in my possession when at Camp-sponsored activities. If I suspect that anyone at Camp Opportunity activities is using or has them in their possession, I will notify staff immediately.
- I will be mindful of and use discretion regarding my social media accounts, posts, pictures, etc., as Camp Opportunity members and youth may have access to my postings. Additionally, I will not post my whereabouts when at Camp Opportunity events on any social media in order to better safeguard the wellbeing and anonymity of the campers.
- By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, and/or other misrepresentations made by me on this application, or any violations of these policies, may result in my immediate dismissal. Further, I agree to comply with rules set forth at orientation.

► **Volunteer Agreement**

Name (printed): \_\_\_\_\_.

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

- By signing above and/or checking this box, I acknowledge that the Volunteer understands and agrees to the terms on Page 3.

► **Parent/Guardian Agreement**

*If volunteer is 18 years or younger, parent or guardian signature gives permission to take volunteer off grounds for camp activities.*

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

- By signing above and/or checking this box, I acknowledge that the Parent/Guardian understands and agrees to the terms on Page 3.

► **Optional Donation**

Camp Opportunity is a Non-profit organization that relies exclusively on grants and private donations to support the rising annual costs of our program. Campership alone is now up to \$900 per child. While many other volunteer organizations and Non-profits require mandatory application or participation fees, all administrative expenses, and room & board for volunteers of Camp Opportunity are 100% covered by our organization. If interested, we ask that you please include a \$20, non-mandatory suggested donation with your application to offset some of the costs associated with volunteer recruiting and other camp program costs. Also, if you, your employer, or community is interested in collecting/contributing additional donations, we welcome you to do so. Thank you!

- I have included a \$\_\_\_\_\_ donation with my application.

Volunteer Name \_\_\_\_\_

**HASHAWHA ENVIRONMENTAL CENTER RELEASE**

In return for the admission of \_\_\_\_\_  
(name of camper)

into the Hashawha Environmental Appreciation Center, I hereby Release Carroll County and its officers, agents, employees, and volunteers from all actions, causes of action, damages, claims, or demands which I, for myself or on behalf of another, or my successors may have against them for any personal injuries or illnesses which occur

while \_\_\_\_\_  
(name of camper) is attending the Hashawha

Environmental Appreciation Center.

I have read this Release and understand all of the Hashawha policies and regulations and understand the terms. I execute it voluntarily and with full knowledge of its significance.

I have executed this Release on the day and year written below.

DATES OF VISIT: July 30, 2017 – August 5, 2017

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

\_\_\_\_\_  
Parent or Guardian Signature (if under 18)

\_\_\_\_\_  
Date

**STAFF/VOLUNTEER HEALTH HISTORY**

Staff Member's/Volunteer's Name: \_\_\_\_\_

**The following information is required:**

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?       NO

YES, Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

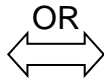
2. Are there any medications, dietary restrictions, allergies, or special needs of which we need to be aware?       NO

YES, Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IMMUNIZATION INFORMATION:

For staff members/volunteers who reside **within** the United States, a United States territory, or the District of Columbia:



For staff members/volunteers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which person resides:

\_\_\_\_\_

2. Is this person exempt from any immunizations?       NO

YES, List them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Country in which person resides:

\_\_\_\_\_

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Staff Member/Volunteer Signature or

Date

Parent or Legal Guardian's Signature (If Staff Member is Under 18 Years)