



# 2008 VOLUNTEER Registration/Health Form



Please fill out completely and print clearly.

## Participant Information

Have you volunteered at Camp Bob previously?  Yes  No

Name: \_\_\_\_\_  
Last First Middle

Sponsoring Organization: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

Gender:  Male  Female Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (at time of attendance) \_\_\_\_\_

Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Work/Cell Phone: (\_\_\_\_) \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_  
City State ZIP Code

Emergency Contact Name: \_\_\_\_\_ Phone Numbers: (\_\_\_\_) \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_

## Medical Information

Do you take any medication?  Yes (please describe below)  No

Please list any medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep medications in their original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Do you have any allergies?  Yes (explain below)  No

Do you have any medical history/restrictions that may limit participation or affect you while at camp?  Yes (explain below)  No

## Authorization & Acknowledgement of Risk

I give permission to the medical personnel selected by the president of Kanuga Conferences, Inc. or his designee to provide routine health care; to administer medications; order X-rays, routine tests and treatment; to release any records necessary for insurance purposes; and to provide or to arrange necessary related transportation for me. In an emergency, I give permission to the medical personnel so selected to secure and administer treatment including hospitalization for me. I give permission for photographs and/or audio/video recording of me to be used by the camp for its promotion, web site and/or news media coverage. I acknowledge that there are inherent risks to participation in recreational and adventure activities and programs sponsored by Kanuga Conferences, Inc, including but not limited to swimming, canoeing, climbing and ropes courses, which could result in accidental injury, possibly serious. Furthermore, engagement in these activities requires good physical condition on behalf of the participant. Being aware of the inherent risks and potential injury to myself, I hereby consent to my attendance and participation in the activities sponsored by Kanuga Conferences, Inc.

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

**General Health Questions** (Please explain "yes" answers below.)

Have/do you:	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?.....	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back problems? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had joint problems? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized? .....	<input type="checkbox"/>	<input type="checkbox"/>	18. Plan to bring an orthodontic appliance to camp? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery? .....	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches? .....	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes? .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury? .....	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma? .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious? .....	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the last 12 months? ..	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or eyewear? .....	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation? ...	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections? .....	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with sleepwalking? .....	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise? ...	<input type="checkbox"/>	<input type="checkbox"/>	25. If female, have an abnormal menstrual history? .....	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise? ...	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of bed-wetting? .....	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures? .....	<input type="checkbox"/>	<input type="checkbox"/>	27. Ever had an eating disorder? .....	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had sought professional help with emotional difficulties? .....	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure? .....	<input type="checkbox"/>	<input type="checkbox"/>			
15. Ever been diagnosed with a heart murmur? .	<input type="checkbox"/>	<input type="checkbox"/>			

If you marked yes to any of the above, please explain:

---



---

Which of the following have you had?

- Measles
- Chicken Pox
- German Measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C

Which of the following immunizations have you had?

- DTP
- Polio
- TD (tetanus/ diptheria)
- MMR
- Measles
- Mumps
- Rubella
- Hepatitis B
- Varicella (chicken pox)
- Haemophilus influenza B

Date of last Tetanus shot \_\_\_\_\_

**Health Care Information**

Name of regular physician or health care facility \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Are you covered by an insurance plan?  Yes (please describe below)  No

Plan Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Company address: \_\_\_\_\_

Name of insured/policy holder: \_\_\_\_\_ Relation to participant: \_\_\_\_\_

Policy ID number or Social Security number of policy holder: \_\_\_\_\_

Use this space to provide any additional information about yourself of which the camp should be aware: \_\_\_\_\_

---



---

**Racial/Ethnic Identity**

You are not required to answer this question. If you choose to do so, please mark one of the following racial or ethnic identities:

- American Indian or Alaska Native
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Asian
- White

**CONSENT FOR RELEASE OF VOLUNTEER/APPLICANT INFORMATION**

(Criminal Records - Motor Vehicle Check)

Kanuga Conferences, Inc.  
PO Box 250  
Hendersonville, NC 28793

Full Name (First, Middle, Last): \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other names records may be filed under: \_\_\_\_\_

Have you ever been convicted of a crime other than a traffic violation?  Yes (explain below)  No

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

**Please list location of residences for the past year — school and home counties** (current & most recent first).

1) Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Area Code: \_\_\_\_\_ Dates (month/year) From: \_\_\_\_\_ To: \_\_\_\_\_

2) Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Area Code: \_\_\_\_\_ Dates (month/year) From: \_\_\_\_\_ To: \_\_\_\_\_

***I understand that Kanuga Conferences, Inc. has a practice of requesting a background check that could include criminal records/motor vehicle check on prospective volunteers.***

I hereby authorize the agency chosen by Kanuga Conferences, Inc. to provide the requested information.

I hereby grant permission and authorize the above-mentioned checks and give permission to allow verification of any information given on my registration form. I understand that failure to provide accurate information may result in nullification of offer or termination. I understand that the information obtained will become part of my volunteer registration.

**I understand and agree that:**

- a. Due to the results from review of background information, Camp Bob can deny a volunteer position to any person.
- b. Camp Bob may terminate volunteer service of any person:
  - 1) found to have a history of complaints of abuse of a minor, and/or
  - 2) found to have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of abuse of a minor.
- c. Any misrepresentation or omission of facts would exclude my being considered for a volunteer position, or may result in dismissal from Camp Bob.

Volunteer/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Continued on Next Page**

# CAMP BOB VOLUNTEER GUIDELINES

## SEXUAL HARASSMENT AND CHILD ABUSE

**Harassment:** Camp Bob and Kanuga Conferences are committed to providing an environment that is free of harassment. In keeping with this commitment, Camp Bob maintains a strict policy prohibiting unlawful harassment. The term “harassment” includes, but is not limited to verbal, graphic or physical conduct that relates to an individual’s race, color, religion, gender, national origin, age or disability. Sexual harassment consists of unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature. All forms of harassment will not be tolerated. This policy prohibits harassment in any form, including verbal, physical, psychological and visual.

**Child Abuse:** Camp Bob and Kanuga Conferences are committed to providing an environment that is free of child abuse, and maintains a strict policy prohibiting any kind of child abuse. Child abuse is the mistreatment or neglect of a child resulting in injury or harm. If a volunteer suspects child abuse, please contact the Camp Director immediately. It is North Carolina law to report suspicion of child abuse. Do not engage in an activity exclusively with one child. Find another adult to be present with you and the child.

**Procedures:** As a volunteer, you are responsible for documenting and reporting any harassment or abuse to the Camp Bob administrative staff. The person to whom the report is made will ensure that the report is passed expediently to an appropriate supervisor. Any supervisor to whom an allegation is made will investigate the allegation and in turn promptly report the allegation and any associated developments to the President of Kanuga Conferences.

## ALCOHOL POLICY

We work with children. Illegal (including drinking under age) or improper use of alcohol will not be tolerated. No alcoholic beverages are permitted at/on the Bob Campbell Youth Campus. Volunteers should NOT consume alcoholic beverages at any time prior to work responsibilities, or discuss personal use of alcoholic beverages in the vicinity of campers or counselors.

## ILLEGAL/PRESCRIPTION DRUGS

We work with children. The use of illegal drugs and the misuse of prescription drugs will not be tolerated.

## SMOKING

We work with children. No smoking is allowed at/on the Bob Campbell Youth Campus at anytime. Volunteers are expected to set an example for the campers.

### **Please read, initial, and sign below:**

- ▶ I have read and understand the above guidelines as they pertain to being a volunteer at Camp Bob. (Kanuga Staff and Counselors are also bound by similar guidelines.) \_\_\_\_\_ **initial**
- ▶ I will comply with the above guidelines and any other policies set forth in the Volunteer Manual. \_\_\_\_\_ **initial**
- ▶ I understand that Camp Bob will take seriously any allegations or suspicions of child abuse and will report such allegations or suspicions to the police and state agencies for investigation. \_\_\_\_\_ **initial**
- ▶ I understand that Camp Bob may take disciplinary action or terminate service of any person(s) who do not adhere to these guidelines, including myself. \_\_\_\_\_ **initial**

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



## CAMP BOB VOLUNTEER QUESTIONNAIRE

Thank you for offering some of your time and energy as a volunteer for Camp Bob. This questionnaire is to find out your strongest talents and abilities. The questions relate mostly to directing your skills to best use within your group upon your visit. Please tell us a little bit about your skills and in what ways you might be able to assist.

Name \_\_\_\_\_

Name of group \_\_\_\_\_

Dates of time at Camp Bob \_\_\_\_\_

Have you volunteered at Camp Bob in the past? If so, when? \_\_\_\_\_

---

---

Have you worked with other youth organizations? If yes, please list the name and short description of the organization(s) here:

---

---

---

What is your occupation? If you are in school, what is your area of interest? \_\_\_\_\_

---

What would you like to gain from volunteering? What are some of your objectives? \_\_\_\_\_

---

---

Please share your circumstances, special talents or abilities and other useful data about yourself here and on the back of this page:

---

---

---

---