



Asthma Education Program for Youth called "Champ Camp".

Champ Camp 2010
July 18 – 24, 2010

Glacier View Ranch

Ward, Colorado

Volunteer Application

Champ Camp is only accepting a total of 120 volunteers for 2010. First come, first serve basis! DO NOT DELAY; submit your application as soon as possible!

- 1. Application deadline is June 30, 2010**
- 2. If you are a returning volunteer, list camp leaders including Director as references**
- All applications will be reviewed by the Champ Camp Director and a member of the steering committee. We will contact you within 7 days of receipt.
- Upon acceptance to Champ Camp, you are then required to submit/obtain a physical examination dated within the 24-month period prior to camp. If needed, feel free to utilize the enclosed form.
- Medical professionals - - - you are required to include a copy of your professional license.
- See **Important Notice** regarding H1N1 on page 4.

Forward all forms by email or mail to:

American Lung Association in Colorado, Attn: Champ Camp (Volunteer)
5600 Greenwood Plaza Blvd., Suite 100
Greenwood Village, CO 80111
Email: champcamp@lungcolorado.org

PLEASE READ:

Champ Camp provides children (with asthma between the ages of 7 and 14), daily asthma education training in a traditional camp setting. Champ Camp is also a unique experience for volunteers; each year 100+ volunteers work together to provide medical care, leadership and a memorable, educational camp experience.

Prior to camp, all *new* volunteers are expected to attend an orientation session at the ALAC office (date and time TBA). Repeat volunteers are not expected to attend this session, but most certainly are welcome. The counseling team (including counselors-in-training) is required to attend a 2nd orientation session which will be held at Glacier View Ranch on Saturday, July 17, 2010. Further details will be forwarded via email at the appropriate time... stay tuned.

PLEASE ATTACH A RECENT PHOTO OF YOURSELF TO THIS APPLICATION

Name: _____

Sex: M F

Mailing Address: _____

Cell #: _____ Home #: _____ Work #: _____

E-mail Address (do not leave this blank): _____

Social Security Number (do not leave this blank): _____

A background check will be run on every volunteer.

Also, you are required to sign the attached child abuse declaration statement, perjury statement, child abuse reporting statement and the affirmation statement indicating that you have not been convicted of any charge of child abuse or neglect, unlawful sexual offense or any felony. Information obtained will be kept confidential.

T-Shirt Size: Adult XS Adult S Adult M Adult L Adult XL Adult XXL Adult XXXL

Date of Birth: _____ **Occupation:** _____

Employer/School: _____

Employer/School Address: _____

How did you originally hear about Champ Camp? _____

Have you attended Champ Camp in the past? Yes No

If yes, how many years (including 2010): _____

If yes, please list past involvement (camper, counselor, medical team, etc.):

Medical Professionals - - - Please include a copy of your current medical license or certification (this applies to new and repeat volunteers)

Type	State	Date	Number
_____	_____	_____	_____
_____	_____	_____	_____

What special skills or additional training do you have, including language skills?

Do you have experience working with children and/or with people who have asthma, or experience working in camp settings? Yes No **If yes, please describe below:**

Have you ever been convicted of a law violation? Yes No

Please check only 1 of the following roles in which you are interested and qualified. FYI - description of roles are at the end of this application.

- Counselor-in-Training** (full-week commitment) – 15 and 16 year olds (limit of 8 to be accepted)
- Junior Counselor** (full-week commitment) – 17 year olds
- Counselor** (full-week commitment) – 18 years+ Counseling team is required to arrive Saturday a.m. and will need to be on site the entire week
- Activities/Tye Dye Team Member**
- Rock Climbing Team Member**
- Medical Team Member** - Physicians/Physician Assistants/Nurse Practitioners
- Nursing Team Member** - Registered Nurses/Licensed Practical Nurses
- Respiratory/Asthma Education Team Member** – Respiratory Therapists, RT Students, Asthma Educators
- Management Team**

I plan to volunteer for the following shift(s):

<input type="checkbox"/> Saturday – Saturday estimated arrival time _____	<input type="checkbox"/> Wednesday estimated arrival time _____
<input type="checkbox"/> Sunday – Saturday estimated arrival time _____	<input type="checkbox"/> Thursday estimated arrival time _____
<input type="checkbox"/> Sunday estimated arrival time _____	<input type="checkbox"/> Friday estimated arrival time _____
<input type="checkbox"/> Monday estimated arrival time _____	<input type="checkbox"/> Saturday until approx 1:00 p.m.
<input type="checkbox"/> Tuesday estimated arrival time _____	<input type="checkbox"/> Other _____

REFERENCES - Please provide 3. If applicable, **we prefer that you list camp leaders.**
Do not list family members.

Name and Address

Phone and Email

_____	_____
_____	_____
_____	_____

Emergency Contacts (do not leave this section blank):

Name: _____

Relationship: _____

Address: _____

Phone and Email: _____

Name: _____

Relationship: _____

Address: _____

Phone and Email: _____

Do you have asthma? Yes No

Any other health limitations or special needs?

While at Champ Camp, will you require a special diet? Yes No

If yes, what exactly: _____

You are required to have had a physical examination some time within the 24-month period before the start of Champ Camp (volunteers on site for 24 hours or less do not need to submit a physical exam form).

If you have already obtained a physical exam and the date of that exam falls into the time frame as stated above, please include a copy with this application. If you have yet to obtain a physical exam, please ask your doctor to utilize the attached form.

A copy of your physical exam needs to be submitted to the Champ Camp office no later than June 30, 2010.

H1NI Flu Vaccine: We highly suggest that you receive the H1N1 vaccine before camp. If you have flu symptoms within TEN (10) days of camp, you will not be allowed to attend. Last summer, the difficult decision to close down all remaining asthma camps (including ours) because of H1N1 outbreaks across the country by our national organization was heart wrenching, but was for the safety of the children. We want to have a successful camp program this year and not be cancelled. Please help us by protecting yourself and the children at camp.

Release and Waiver of Liability

Please read carefully! This is a Legal Document that affects your legal rights!

This Release and Waiver of Liability (the "*Release*") in favor of the **American Lung Association Southwest Region**, a nonprofit corporation hereinafter referred to as ALASW, their directors, officers, employees and agents, (the "*Releasees*"). The Participant/Volunteer desires to participate and engage in the activities related to CHAMP CAMP, a camp for children with asthma, (the "*Event*") to be held July 18 to 24, 2010 at Glacier View Ranch located at 8748 Overland Road, Ward, CO 80481.

The undersigned Participant/Volunteer in the *Event* hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver. Participant/Volunteer hereby releases and forever discharges and holds harmless ALASW, Glacier View Ranch, and their respective partners, members, managers, officers, directors, agents, lenders, employees, successors, contractors and the sponsors and officials of the *Event* and assigns from any and all loss, liability, claims, damage or cost and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from participation in the *Event* due to the presence in, upon, or about CHAMP CAMP premises or in any way observing, using any facilities or equipment or participating in any program affiliated with CHAMP CAMP whether caused by the negligence of *Releasees* or otherwise.

Participant/Volunteer understands that this Release discharges ALASW from any liability or claim that the Participant/Volunteer may have against ALASW with respect to any bodily injury, personal injury, illness, death, arrest or property damage that may result from Participant/Volunteer's activities in the *Event* and subsequent to the *Event*. Participant/Volunteer also understands that ALASW does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury.

Photographic Release. Participant/Volunteer does hereby grant and convey unto ALASW all rights, title, and interest in any and all photographic images and video or audio recordings made by ALASW during the *Event*, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings and consents to the unrestricted use by ALASW of said images and recordings.

I hereby certify that I have read, understood and agree to each of the terms of this Release and Waiver on my own behalf and on behalf of the organization I am representing at the *Event*.

Participant/Volunteer Signature: _____ Date: _____

If volunteer is under the age of 18, the signature of his/her parent or guardian must also be provided below:

Signature: _____ Date: _____

Volunteer Affirmation Statements

Volunteer Name _____

Volunteer Role _____

I will volunteer at **Champ Camp** from _____ to _____

Volunteer signature _____

Date _____

Perjury Statement

"Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly."

Signature _____

Date _____

Affirmation Statement

"I affirmatively state that I have not been convicted of any charge of child abuse or neglect, unlawful sexual offense, or any felony."

Signature _____

Date _____

Child Abuse Declaration Statement

"I _____ declare that I have never been accused, convicted, or even participated in any form of abuse or neglect toward a minor (child under 18)."

Signature _____

Date _____

If volunteer is under the age of 18, the signature of his/her parent or guardian must also be provided below:

Parent or Guardian's

Signature: _____ Date: _____



Code of Ethics

For Counselor-in-Training, Jr. Counselor and Counselor ONLY

- Act as a positive role model for campers
- Maintain a respectful, patient, honest, courteous, tactful and mature attitude
- Will not use profanity or discuss adult subject matter (including political and religious topics) in the presence of campers
- Will dress appropriately (refer to clothing list)
- Will not use, possess, or be under the influence of alcohol or illegal drugs while at camp or camp-related events
- Will not use tobacco products of any kind while at camp
- Will not bring firearms or other weapons to camp or camp-related events
- Will participate in all required activities prior to camp
- Will comply with the outlined activities and expectations of the on-site defined role
- Must be willing and prepared to assist campers with daily needs
- Will not offer or accept gifts, goods, or money from campers or their families
- Will not abuse or disrespect others
- Will not steal from fellow staff and campers or from the camp site
- Will adhere to the outlined camp policies, procedures and standards

I understand and agree to adhere to all expectations and rules established by Champ Camp and the American Lung Association in Colorado, as explained above. I understand that failure to comply may result in dismissal.

Name (print please) _____

Signature: _____ Date: _____

Since Champ Camp Counselor-in-Training volunteers are under the age of 18, the signature of his/her parent or guardian must also be provided below:

Signature: _____ Date: _____

Volunteer Housing Form

COUNSELORS-IN-TRAINING AND COUNSELORS - - - DO NOT COMPLETE THIS FORM

Name: _____

Role at Champ Camp: _____

Management Team (2 options):

1. You are welcome to room in The Lodge*. ALAC will cover the cost of your Lodge room. **To defer costs, we ask that you please pair up with a friend or colleague.** These rooms are furnished with either a bunk bed and 1 queen-size bed, or 2 queen-size beds. In the space below, please specify type of bed.
2. Feel free to camp**, and of course there is no charge to camp. Bring a tent, a pop-up or a standard-size trailer... it's up to you.

Medical Professionals - Doctors, PAs, Fellows, RNs, Pharmacists, Asthma Ed, RTs (3 options):

1. You are welcome to room in The Lodge*. ALAC will cover the cost of your housing in The Lodge. **To defer costs, we ask that you please pair up with a friend or colleague.** Lodge rooms are furnished with either a bunk bed and 1 queen-size bed or 2 queen-size beds. In the space below, please specify type of bed.
2. Feel free to camp**, and of course there is no charge to camp. Bring a tent, a pop-up or a standard-size trailer... it's up to you.
3. Designated staff male and female cabins are available on each side of the camp at no cost to you. These cabins have bunk beds and sleep up to 8 people. The showers and bathrooms are located in a separate building near the staff cabins on each side. Please bring a sleeping bag to place on a bunk.

Activities Team & Rock Climbing Crew (3 options):

1. Designated staff male and female cabins are available on each side of the camp at no cost to you. These cabins have bunk beds and sleep up to 8 people. The showers and bathrooms are located in a separate building near the staff cabins on each side. Please bring a sleeping bag to place on a bunk.
2. Lodge rooms* available for \$85/night with a private bath. These rooms are furnished with a bunk bed and 1 queen-size bed or two queen-size beds. In the space below, please specify type of bed. The fee for The Lodge accommodations must be submitted to ALAC by the start of Champ Camp.
3. Feel free to camp**, and of course there is no charge to camp. Bring a tent, a pop-up or a standard-size trailer... it's up to you.

*Lodge rooms are available on a first-come, first-serve basis.

** If you choose to camp, you are fully responsible for all of your camping supplies and equipment. For more information on the campsites, please contact Glacier View Ranch at info@glacierviewranch.com.

My housing arrangements for Champ Camp will be:

_____ **Lodge (circle preference):**
 _____ Bunk Bed and 1 Queen-size Bed or 2 Queen-size Beds
 Name of Roommate(s) _____

_____ **Designated staff male cabin**

_____ **Designated staff female cabin**

_____ **Camping**

of Nights _____ and dates (please check boxes below):

Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday

Volunteer Physical Exam Form for Champ Camp

Name _____ Birthdate ____/____/____

Home Address _____ City _____ State ____ Zip _____

1. List any communicable diseases and/or serious illness or surgeries which the volunteer has had:

2. List any known drug reactions and allergies:

3. List any prescriptive or non-prescriptive medications the volunteer must take:

Name of Medication	Dosage	Frequency	Prescribing Physician
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4. If applicable, describe a special diet the volunteer must follow:

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is in adequate physical, mental and emotional health and therefore, is able to work with children.

Physician's

Signature: _____

Date of examination (month/day/year) ____/____/____

Phone: (____) _____

If a physician is unavailable, please acquire a signature of a nurse practitioner on the line below:

Description of Champ Camp Volunteer Roles

Counseling Team:

The Counseling team is structured as follows:

- Level 1 - Counselor-in-Training (limit of 8 to be accepted)
- Level 2 - Junior Counselor
- Level 3 - Counselor
- Level 4 – Director of Counselors

Counselor-in-Training:

- Counselor-in-Training (CIT) will shadow Counselors during their daily routines. Over the course of the week, a CIT will acquire hands-on training in the areas of leadership, counselor responsibilities, behavioral challenges and asthma control. Also, a CIT will be responsible for ongoing camp clean-up and general assistance to his/her assigned counselor.
- Must be 15 or 16 years of age
- Will need to attend the 1st Orientation session in the Denver area (date TBD)
- Will need to attend the 2nd Orientation session at Glacier View Ranch on Saturday, July 17
- Must be present the entire week of Champ Camp

Junior Counselor/Counselor:

- Full-week commitment
- Junior Counselors must be 17. Counselors must be 18 years of age or older.
- Open to medical and non-medical volunteers (ideal for students in medical-related fields)
- Counselors are primarily responsible for the campers throughout the week. Typically there are two counselors and 1 junior counselor per cabin of seven to ten campers. Counselors accompany campers in their daily activities at all times. One counselor per cabin is responsible for campers' daily use of inhaled medications (counselors will receive training and medical support in this area).
- If you are a Respiratory Therapist applying to be a counselor, you will have the option to administer nightly meds (this will need to be discussed prior to camp with our RT Director).

Activities/Tie-Dyed Team Member:

- Commitment ranges between one day and the full week
- Open to anyone 18 years or older, with an interest in leading recreational activities
- Team members conduct activities for campers, such as arts & crafts, tie-dyed, wilderness education, evening programs, etc.

Medical Team Member:

- Commitment ranges between one day and the full week
- Open to physicians, physician assistants, and nurse practitioners
- Team members will provide coverage for acute illness or injury in the camp infirmary, and may travel with the campers to activities

Nursing Team Member:

- Commitment ranges between one day and the full week
- Open to licensed practical nurses and registered nurses
- Team members will provide coverage for acute injury or illness in the camp infirmary, dispense non-inhaled medications to campers, and travel with campers to activities

Respiratory/Asthma Education Team Member:

- Commitment ranges between one day and the full week
- Open to medical volunteers with experience in teaching and promoting asthma self-management skills, as well as respiratory therapists and second-year respiratory therapy students
- Team members will be responsible for some or all of the following on a daily basis:
 - indoor and outdoor lessons pertaining to avoidance of triggers, proper use of medication, etc.
 - provide coverage for acute injury or illness in the camp infirmary
 - perform PFTs
 - dispense nightly medications
 - travel with campers to participate in or observe high impact activities
- This is a combo role and volunteer will answer to both RT Director and Asthma Ed Co-Directors
- Scheduling will be determined by the RT Director and Asthma Ed Co-Directors

Thank you for your application; we hope to see you at Champ Camp 2010!