

CAMP VIVA 2019

New Volunteer Application and Information Sheet
Adam Shea/Barbara Catena
c/o Family Services of Westchester
19 South Broadway, Room 912, Yonkers, NY 10701

March 1, 2019

Dear prospective Camp VIVA volunteer,

Thank you for expressing an interest in volunteering for Camp VIVA. This August marks our 25th year of camp and we are so grateful for all our amazing volunteers who have made that possible. The mission of Camp VIVA is to provide respite and fun through a weeklong summer camp for individuals who are living with HIV/AIDS, their care-partners and families who reside in Westchester and Bronx counties. We hope that you are able to become a part of the fantastic group of volunteers that ensures camp happens every year.

Please mark your calendars for:

- Camp VIVA Training on **Saturday, August 10, 2019** which will be held at The Westchester Reform Temple – 255 Mamaroneck Rd., Scarsdale, NY.
- Actual camp session is **Sunday, August 18 – Saturday, August 24, 2019.**

Enclosed please find the paperwork that needs to be completed in order to volunteer at camp. **We DO require references**, so please make sure that your references are people we can contact quickly and easily.

Please note that **medical forms are mandatory** for all volunteers attending Camp VIVA. You may send your application prior to having your physical, but we must have your medical data returned no later than the training session in August.

When you have completed the application, please email it to campviva@gmail.com or mail it to:

Camp VIVA/Barbara Catena
c/o Family Services of Westchester
19 South Broadway, Room 912
Yonkers, NY 10701

If you have any questions regarding the application, please feel free to contact me at (860) 978-7354 or campviva@gmail.com.

Look forward to working with you!!!

Adam Shea, LMSW
Volunteer Coordinator
(860) 978-7354
campviva@gmail.com

CAMP VIVA 2019
NEW VOLUNTEER APPLICATION
c/o Family Services of Westchester/Barbara Catena
19 South Broadway, Room 912
Yonkers, NY 10701

Camp VIVA runs from **Sunday, August 18, 2019 through Saturday, August 24, 2019.**

ALL volunteers are REQUIRED to commit to being at camp for the entire camp week. Camp VIVA takes place at the Ramapo Anchorage Camp for Children in Rhinebeck, NY.

CONTACT INFORMATION:

Name: _____

Current Address: _____

Permanent Address (if different from above):

Home: (____) _____ Work: (____) _____ Mobile: (____) _____

Personal email: _____ Alternate email: _____

Are you an RN, NP, or LPN? Yes No

Are you a US Citizen? Yes No

WORK EXPERIENCE:

Occupation: _____

Current Employer: _____

REFERENCES:

A minimum of three references are required. Please include at least two for employers (current or past) and one personal reference that has known you longer than 5 years. Please list name, e-mail address and telephone number:

1. (Employer): _____

2. (Employer): _____

3. (Personal): _____

How did you hear about Camp VIVA? _____

EDUCATION:

Please list name and city of:

High School	Years Attended	Concentration/Degree
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_____	_____	_____
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College	Years Attended	Concentration/Degree
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_____	_____	_____
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Graduate School	Years Attended	Concentration/Degree
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_____	_____	_____
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Why would you like to volunteer at Camp VIVA?

What experience(s) working with children or adults have helped you to prepare for this position?

What aspects of being a camp counselor might be most challenging for you?

What special talents or skills would you like to share with Camp VIVA (guitar, athletic ability, singer, etc.)?

How is your health and physical endurance? _____

Have you ever worked with people with HIV or AIDS? If yes, please explain:

Please rate which age group you would prefer to work with by listing your first 3 choices (1, 2, 3).

3 – 6 _____
7 – 10 _____
11 – 13 _____
14 – 17 _____
Adult _____

Is there an age group that you are **not** willing to work with? _____

Would you want to lead any of the following activities (instead of being a group counselor)?

(Please Check)

Arts and Crafts Musical Activities Movement Activities Sports Activities

Are you certified in CPR? Yes No Are you certified in First Aid? Yes No

Have you ever had any license, certificate or employment suspended, revoked, terminated or adversely affected? If so, please explain: _____

Have you ever been convicted of a crime? Yes No

If yes, please provide a full description including dates and circumstances:

Is there any other information that you would like to include that might be helpful?

PLEASE READ CAREFULLY BEFORE SIGNING:

Family Services of Westchester and Camp VIVA do not discriminate and consider all candidates regardless of race, creed, color, religion, gender, national origin, handicap or disability, marital status, sexual orientation or veteran's status.

I _____, hereby authorize the investigation by Camp VIVA and Family Services of Westchester, of all statements made in this application to Camp VIVA. This may include checks of Public Records, including motor vehicle and/or police checks and New York State Central Register of Child Abuse and Maltreatment. I understand that my references will be checked. The above statements and the statements I made in my previous application(s) to Camp VIVA are true and complete to the best of my knowledge.

I agree to uphold the rules and philosophy of Camp VIVA. I understand that drugs and alcohol are strictly prohibited at all Camp VIVA functions and activities. I further understand that breaking this rule is grounds for immediate dismissal.

Signature: _____

Date: _____

IN CASE OF EMERGENCY PLEASE CONTACT:

(Name/Relationship to you)

(____) ____ - ____
(Contact Number)

Dear Applicant,

The New York State Office of Children and Family Services requires that any applicant involved in the child care field obtain a child abuse or maltreatment clearance. As a result, all Camp VIVA applicants are required to complete a Statewide Central Registry form. The process for submitting the SCR form and obtaining a child abuse clearance is done electronically.

Once the form has been completed and returned to us, it will be entered into the OCFS database.

1) **Your Name** **DOB** **Gender**

2) Please list the members of your household, including their first name, last name, age, date of birth, gender and relationship to you, the applicant.

Name	Age	DOB	Gender	Relationship to Applicant
1)				
2)				
3)				
4)				
5)				

3) Please provide any former addresses at which you have lived **over the past 28 years (or since birth)**, including street address, city, state and Zip Code. Please also include the years during which you lived at these various addresses, **beginning with your DOB through to your current address.**

Address	City	State	Zip	Years Resided
<i>Example 123 Mail St</i>	<i>New York</i>	<i>NY</i>	<i>10001</i>	<i>From 01/1990 to 6/1994</i>
1)				
2)				
3)				
4)				
5)				

**Family Services of Westchester
Camp VIVA
Confidentiality Agreement**

All volunteers must strictly observe confidentiality in safeguarding the personal information of ALL CAMPERS and other volunteers. Personal information may be made available to Camp VIVA staff who have a valid need to know such information but may not be released to or discussed with others without the written consent of the camper or volunteer in question. Files containing such information will be kept secure and will only be accessible to the staff charged with their supervision and maintenance. Failure to comply with these confidentiality requirements will result in termination of the volunteer's services.

I have read and fully understand Camp VIVA's policy regarding confidentiality. I understand that maintaining confidentiality is vital under New York State 27-F HIV Confidentiality Law and failure to do so will result in my volunteer services being immediately terminated.

Signature

Witness Signature

PUBLICITY RELEASE

I hereby give permission to Family Services of Westchester to use, without compensation, my name, photograph and/or any public information I have provided for use in their public relations and/or fundraising efforts.

I realize that my photograph and/or personal information may be used by Family Services of Westchester and may appear, from time to time, in various newspapers, magazines or other news media. I may also be mentioned as someone who sponsors and endorses Camp VIVA and/or Family Services of Westchester.

Signature

Witness Signature

Print Name

Print Name

Date

Date

CAMP VIVA 2019
VOLUNTEER'S PHYSICIAN'S STATEMENT

A licensed physician must complete this form in full. This examination must be performed within 12 months of arrival at Camp VIVA. Examination for some other purpose within this period is acceptable. Examination is for determining if the volunteer is able to engage in strenuous activities.

Volunteer Name: _____

Date of Birth: _____

Height: _____ Weight: _____ Blood Pressure: _____

Urinalysis: _____ Eyes: _____ Glasses: _____

Ears: _____ Nose: _____ Throat: _____

Heart: _____ Lungs: _____ Abdomen: _____

Hernia: _____ Extremities: _____ Posture: _____

Spine: _____ Skin: _____ Scalp/Hair: _____

Should activities be restricted?: Yes No: If yes, how and why? _____

Swimming in pool allowed?: Yes No

Current Medications: Dosage and frequency:

Medication 1: _____

Medication 2: _____

Medication 3: _____

Medication 4: _____

Medication 5: _____

Special Dietary Needs: Please Describe _____

Other Special Needs: Please Describe _____

PAST MEDICAL HISTORY

(Please circle the correct responses)

Asthma	Yes	No
Hay Fever	Yes	No
Seizures	Yes	No
Diabetes	Yes	No
Lung Infection	Yes	No
Diarrhea/Frequent	Yes	No
Chronic Pain	Yes	No If yes, location of pain _____
Hearing difficulties	Yes	No

Heart Disease Yes No
Heart Murmur Yes No
Hx of Chicken Pox Yes No

ALLERGIES: PLEASE BE SPECIFIC AND LIST ALL KNOWN ALLERGIES

Environmental _____
Food _____
Insect Stings _____
Medication(s) _____

TUBERCULOSIS

DATE AND RESULT OF MOST RECENT PPD: _____

Operations, Illnesses, Hospitalizations, or Serious Injuries: (please list all)

I _____ MD, have examined _____ and
have reviewed his/her health history. It is my opinion that this person is physically able to engage in
camp activities, except as noted above. I will contact Camp VIVA or the Camp Medical Director with any
changes in this status in the two (2) weeks prior to camp.

Physician's Signature: _____ Date of Exam: _____
Print Name: _____
Contact Number: _____

**Please return completed form to:
Camp VIVA/Barbara Catena
c/o Family Services of Westchester
19 South Broadway, Room 912
Yonkers, NY10701**

OR

Adam Shea, campviva@gmail.com

CAMP VIVA 2019

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19 South Broadway, Room 912
Yonkers, NY 10701

New Volunteer Checklist:

All the following steps must be completed to become a Camp VIVA volunteer.

- Completed and signed application
- Photocopies of two forms of ID (Driver's license, passport, school ID)
- Completed SCR form
- Completed and signed Confidentiality Agreement
- Completed References (3 references checked)
- Completed Medical form signed by a medical professional
- Interview with one of the Camp VIVA staff
- Complete training program
- Get ready to have a really fun and fulfilling week!!

If you have any questions, please contact Adam Shea, Camp VIVA volunteer coordinator at campviva@gmail.com or 860-9789-7354.