

# Hemophilia Foundation of Nevada

Serving the needs of Nevada's Bleeding Disorders Community



Catch a Wave to Camp Independence!  
Our theme this year is:  
*"Beach Party ~ Camp Independence Style"*  
Sand, surprises, and swimsuits await!



## Volunteers Needed! July 7-11, 2010

This is a summer camp program for children with hemophilia, vonWillebrand disease and other bleeding disorders. **Make your summer memorable and rewarding.** This is an overnight camp that begins Wednesday at 10:00 am and ends on Sunday at 3:00 pm. If possible, we would like volunteers to be available all 5 days of camp and if not as many days as possible. If you apply for counselor or co-counselor positions you must commit to be at camp the entire 5 days. Camp is located 45 minutes from Las Vegas off Blue Diamond Hwy at Torino Ranch. There is no cell phone or internet service at camp, so please make arrangements with your employer to have this time uninterrupted so we may all enjoy these 5 days of camp.

We are expecting 70 youth age 8-17 for Camp Independence 2010. It takes many volunteers to make camp successful and most of all safe. Contact your co-workers, friends and family. It is a great experience for everyone! We are available to meet with you and your company to explain more about our summer camp program.

**\*Please Note:** All volunteers must complete a volunteer application prior to camp and be at least 18 years of age. All volunteers will be required to sign Camp Releases and Rules upon arrival at camp.

**Download a Volunteer Application from our website!**

[www.hfnv.org](http://www.hfnv.org)

**Application Deadline: June 7**

**Mail completed application *AND* a copy of your drivers license to:**

Hemophilia Foundation of Nevada  
1850 Whitney Mesa Drive, Suite 150  
Henderson, NV 89014

702.564.4368-Office 702.446.8134-Fax  
email: [info@hfnv.org](mailto:info@hfnv.org)

# 2010 CAMP INDEPENDENCE VOLUNTEER APPLICATION

There are five groups of volunteers who are integrated into the activities of the camp programs:

- ◆Counselors/Co-Counselors
- ◆Safety/Utility Staff
- ◆Activity Directors/Assistant
- ◆Kitchen Assistants
- ◆Lifeguards (must have current certification)

## VOLUNTEER MINIMUM QUALIFICATIONS

- Desire and ability to work with children outdoors
- Ability to relate to one's peer group
- Ability to be a positive member of a staff team
- Ability to accept supervision and guidance
- Good character, integrity and adaptability
- Enthusiasm, sense of humor, patience and self-control
- High School Graduate or equivalent and **at least 18 years of age**

## COUNSELOR POSITION

### General Responsibilities:

- To identify and meet camper needs
- To participate in activities with campers
- To monitor the daily health and safety of each camper assigned
- To carry out camp programs and follow rules and procedures
- To fulfill other staff administrative roles
- Commitment of 4 consecutive days of volunteering and 1 day of training.

### Essential Functions:

- Ability to communicate and provide necessary guidance to campers
- Abilities to observe camper behavior assist its appropriateness, enforce appropriate safety regulations and emergency procedures, and apply appropriate behavior-management techniques
- Visual and auditory ability to identify and respond to environmental and other hazards related to the activity
- Possess strength and endurance required to maintain consistent supervision of campers for the entire (4 day) camp experience

## ACTIVITY SPECIALIST POSITION

### General Responsibilities:

- To teach and help coordinate camp's program and help maintain standards that lead to a quality and successful program for all participants involved

### Essential Functions:

- Ability to communicate and train staff and campers in safety regulations and emergency procedures
- Visual and auditory ability to identify and respond to environmental and other hazards related to the activity
- Ability to communicate and work with groups participating and provide necessary instruction to campers and/or staff
- Abilities to observe camper behavior, assist its appropriateness, enforce appropriate safety regulations and emergency procedures, and apply appropriate behavior-management techniques
- Cognitive and communication abilities to plan and conduct the activity to achieve camper development objectives

### Specialist Areas Include:

Archery; Arts and Crafts; Sports and Skills; Rock Climbing; Canoeing; Woodworking; Nature; Hiking; Music



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ACTIVITY SKILLS: Please mark an "A" to items you have taught. "B" to items you could teach. "C" to items you are interested in:

Arts and Crafts	Dramatics	Music	Sports
Ceramics	Costume & Props	Lead Singing	Rock Climbing
Tie-Dyeing	Drama/Theatre	Guitar Playing	Volleyball
Woodworking	Campfire Skits/Stories		Archery
Other:	Other:		New Games
			Ga-Ga Pit
Aquatics	Outdoor Skills		
Canoeing	Hiking		
	Map & Compass		

**CERTIFICATIONS:**

Please check any of the following certificates you currently hold.  
\*Photocopy both sides of all your certifications and attach them to this application.

Emergency Water Safety	CPR
Lifesaving (Type: _____ )	Archery Instruction
Water Safety Instructor	Other: _____
First Aid (Level: _____ )	Other: _____
Other: _____	Other: _____

**NEW VOLUNTEERS ONLY – RETURNING VOLUNTEERS DO NOT NEED TO FILL THIS SECTION OUT**

PERSONAL REFERENCES: DO NOT list current employer(s) or relatives.  
THIS SECTION MUST BE FILLED OUT COMPLETELY OR APPLICATION WILL BE RETURNED.

1. Name \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2. Name \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Name \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**YOUR SIGNATURE BELOW INDICATES APPROVAL AND UNDERSTANDING OF THE FOLLOWING:**

I understand that making any false statement on this application will be sufficient for discharge. I hereby guarantee the correctness of the above statements. I hereby authorize you to contact my references. I understand that this is an application only and not a guarantee of a position.

I authorize investigation of all statements herein and release the camp and all others from liability in connection with camp/ranch/services provided, etc. I understand that, if accepted to volunteer, I will be an at-will volunteer and that any agreement to the contrary must be in writing and signed by the director of camp.

In the case that the Hemophilia Foundation of Nevada "Camp Independence" chooses to use your photo, they have absolute permission to use your image in print or on tape or film for any lawful purpose whatsoever.

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

# 2010 CAMP INDEPENDENCE VOLUNTEER APPLICATION

## Voluntary Disclosure Statement

### All Camp Staff (Volunteer and/or otherwise)

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_  
Street Address City State Zip

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Other names by which known (e.g., maiden name) \_\_\_\_\_

1. Previous residence(s) for last 5 years (include college and home residences):

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

(Continue on separate sheet if necessary.)

2. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?  Yes  No

If yes, please explain: (Use separate sheet if necessary.)

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3. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below?  Yes  No

- Indecent assault and battery on a child
- Indecent assault and battery on an adult
- Rape
- Kidnapping of a child
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes

If yes, please explain: (Use a separate sheet if necessary.)

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Date Occurred: \_\_\_\_\_ City and State Crime Occurred: \_\_\_\_\_

# 2010 CAMP INDEPENDENCE VOLUNTEER APPLICATION

4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?

Yes  No

If yes, please explain: (Use a separate sheet if necessary.)

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5. 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 domestic order or protection?

Yes  No

If yes, please explain: (Use a separate sheet if necessary.)

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6. Have your parental rights ever been terminated? If yes, for what reason?

Yes  No

If yes, please explain:

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I understand that:

The camp may deny acceptance to any person who answers any of questions numbered 2-6 above in the affirmative.

In applying for a camp position the information which I have furnished on this form is subject to verification, which will include a criminal history check and request from any Central Registry of child abusers

The camp may terminate employment or 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 sexual abuse and/or otherwise of a minor or any other person.

This disclosure statement must be updated yearly.

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

Printed Name \_\_\_\_\_



# 2010 CAMP INDEPENDENCE VOLUNTEER APPLICATION

## CONSENT FOR MEDICAL TREATMENT

Name \_\_\_\_\_

To Whom It May Concern:

In the event that I cannot answer for myself, I hereby authorize the Camp Director, or his/her agent, to execute any and all documents including any necessary releases on my behalf that might be required by any medical facility to perform required emergency care on the basis of any accident or illness sustained or incurred to me while at Torino Ranch (Lovell Canyon Residential LLC).

I further agree that I, acting on behalf of myself, do expressly and forever waive and release Torino Foundation, Lovell Canyon Residential LLC (Torino Ranch) and any other camp organization such as Camp Independence (Hemophilia Foundation of Nevada, but not limited to, and all their respective officers, employees, agents or representatives from any and all liability for personal injuries or damages sustained, incurred or arising from participation during said camp programs at Torino Ranch (Lovell Canyon Residential LLC).

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

**2010 CAMP INDEPENDENCE VOLUNTEER APPLICATION**  
**VOLUNTEER HEALTH FORM**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

All Vaccinations Current YES or NO Last Tetanus Shot \_\_\_\_\_

Any known Allergies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications the Medical Staff needs to be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conditions the Medical Staff needs to be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Person to Contact in case or Emergency \_\_\_\_\_

Phone # \_\_\_\_\_

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