



Camp Can Do at
Gretna Glen Camp & Retreat Center
Registration Address:
P.O. Box 790088
Charlotte, NC 28206
(980) 999-0689
registration@campcando forever.com
www.campcando forever.org

2020 Camp Can Do Volunteer Application

If you are able, please complete this application online at www.campcando forever.org

Applicant must be 19 years of age for Sibling Camp and 21 years of age or older for Patient Camp to apply. After being accepted by the Can Do leadership team, you will receive an email with the clearances that you need to complete for 2020.

Applications for Sibling Camp are due by May 1st and applications for Patient Camp are due by June 1st.

Please Check:

- June 14-18, 2020 (Sibling) Aug 2-8, 2020 (Wk. 1) Aug. 9-15, 2020 (Wk. 2)
(staff orientation June 13) (staff orientation Aug. 1) (staff orientation Aug. 8)

Name: _____ Nickname: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Cell Phone: (_____) _____

Email: _____ Date of Birth: _____ SS# _____

Have you lived in Pennsylvania for the past 10 consecutive years? Yes No

T-Shirt Size (Adult Sizes): Small Medium Large X-Large XX-Large

Have you volunteered for Camp Can Do before? Yes No If yes, number of years: _____

Work/School: _____ Address: _____

Please indicate which of the following groups you prefer working with. Please designate your first and second choices. We will try to accommodate your wishes if possible.

- | | | | |
|--------------------------------------|-------------------------------|--------------------------------|----------------------------------------|
| <input type="checkbox"/> 8-10 years | <input type="checkbox"/> Boys | <input type="checkbox"/> Girls | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> 11-13 years | <input type="checkbox"/> Boys | <input type="checkbox"/> Girls | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> 14-16 years | <input type="checkbox"/> Boys | <input type="checkbox"/> Girls | <input type="checkbox"/> No Preference |

Do you hold a certification in any of the following? **Please send a copy of certification card with application.**

- WSI Life Guard Training FIRST AID/CPR AED

If you are applying to camp for the first time, why are you interested in becoming a counselor? (Returning counselors skip to next question)

Have you had any camp counseling related experiences? Please indicate type of experience.

Do you have experience working with children? Please describe.

Do you have experience working with special needs children? Please describe.

How did you hear about camp?

REFERENCES: Please list three (3) people who are not your relatives to serve as references. Please include a former employer (if you have previous work experience).

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

EMERGENCY CONTACT:

Name: _____ Daytime phone: (____) _____

Evening: (____) _____ Cell: (____) _____ Relationship: _____

MEDICAL INFORMATION:

Please remember that our campers are in all different stages of treatment and many campers may be immune-compromised. It is EXTREMELY important that if you have any drainage from ears, nose, mouth or have any open wounds it must be cultured. Camp medical staff must be notified of culture results prior to attending camp.

Significant Medical History: _____

Date of Last Tetanus Shot: _____ Dates of Hepatitis Vaccine: _____

Allergies/Reaction: _____

Special Considerations: _____

_____ **CONSENT FOR MEDICAL TREATMENT: (please initial) *Gretna Glen Camp & Retreat Center and Camp Can Do are in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)*** I hereby give permission to the medical personnel at Camp Can Do Camp to provide routine health care: to administer medications including those listed on the health form and common over-the-counter medications, to order X-rays, laboratory tests, and treatment; to release records necessary for medical care; and to provide or arrange necessary transportation in the event of an illness or emergency. In such an event, the Director, or designee, is authorized to act in my behalf in securing medical treatment, including hospitalization. I certify that the information provided in the medical history is to the best of my knowledge, complete and accurate. I take full responsibility for any medical problems (illness/injury) that occur as a result of my failure to disclose medical condition, restrictions, and limitations.

AUTHORIZATION TO CHECK CRIMINAL RECORDS:

_____ **applicant authorizes the Gretna Glen Camp & Retreat Center /Camp Can Do to obtain information pertaining to any charges I may have for federal and state criminal law violations. This information will include convictions committed upon minors and adults, and will be gathered from any law enforcement agency of this state or any other state or federal government to the full extent permitted by law.**

I understand that such access is for the purpose of considering my application as a volunteer for Camp Can Do and that I expressly DO NOT authorize the camp, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signed: _____ Date: _____
(Signature of Applicant)

I agree to stay for the duration of camp including orientation. _____(Please sign)

Please return these forms to:

**Camp Can Do
P.O. Box 790088
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