



2019 Leaders in Training (LIT) Volunteer Application

Camp Ukandu has a Leadership in Training program offered to past campers and cancer survivors in an effort to identify leadership traits, to develop leadership skills, to enhance self-confidence and self-esteem and to provide an opportunity to know the value of being part of a team.

We feel that it is important for Camp Ukandu to tap into the unique perspective held by these individuals as early as possible. We would like to invite you to apply to the program! If you meet the criteria listed below, and are interested in volunteering at camp in the LIT program, please fill out the enclosed application and return it to the Camp Ukandu office no later than **Wednesday, January 16th, 2019.**

Applications will be reviewed and chosen applicants will be asked to attend an interview. Successful applicants must meet the following criteria:

1. Previous camp experience or a cancer survivor
2. 19 years old by June 16th, 2019
3. High school graduate or equivalent
4. Ability to set a positive example to campers
5. Sincere interest and concern for the Camp Ukandu program
6. Ability to organize activities or projects
7. Ability to sense and assume responsibility
8. Emotional maturity and stability; energy to participate
9. Ability to follow rules and understand and support camp policies

IMPORTANT DATES & CONTACT INFORMATION:

Volunteer Staff Training – **MANDATORY FOR ALL VOLUNTEER STAFF**

- Saturday, June 15th, 2019 - Arrival time: 9AM, details to follow upon acceptance.
- Sunday, June 16th, 2019 - Training/setup will continue in the morning, and campers will arrive, immediately following lunch!

Camp Dates:

- Sunday, June 16th, 2019 - Saturday, June 22nd, 2019 (campers begin staggered departure at 10:30 am, we plan to depart by 1:00pm)

Please return application by **January 16th, 2019**

Jason Hickox - Executive Director
Camp Ukandu
601 SW 2nd, Suite 2300 Portland, Oregon 97204
Phone: 503.276.2178 | Fax: 503-274-1212
jhickox@campukandu.org

You may return applications via email, fax or regular mail. Regardless of how you send your applications, please send Jason an email to confirm that he has received your form.

Camp Ukandu 2019 LIT Volunteer Staff Application

Application Deadline: Wednesday, January 16th, 2019

Please PRINT clearly!

Name: _____

Street Address: _____ State _____ Zip Code _____

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

Social Network accounts: _____
(Facebook, Twitter, etc) We may do random checks as part of the qualifying process.

Date of Birth: ___/___/___ Gender: Male Female

If past camper, number of years you were at Camp Ukandu: _____

If you have had other camp experience, please list which camp(s):

Unisex Shirt Size: S M L XL XXL XXXL

Are you a cancer survivor (optional)? Yes No If yes, date of diagnosis _____

Ethnicity (optional) Caucasian Hispanic African American Native American
 Asian Other _____

QUESTIONNAIRE:

1.) If you attended Camp Ukandu as a camper, when did you attend?

2.) What experience, if any, do you have working with children?

3.) Describe your experiences with being a staff member at a summer camp, if applicable.

4.) Describe any experience you have had working with people who are physically or emotionally disabled.

5.) Describe any skills/talents you have that you would be interested in sharing with campers.

Volunteer roles at UKANDU fall into one of two categories: Program Staff or Counseling Staff.

Program Staff: Responsible for preparing and leading program activities for campers. This includes planning the activities prior to camp and providing supply lists to the Leadership Team in advance. Most, but not all, program areas have a team of at least 2 staff.

Counseling Staff: Responsible for the safety and wellbeing of a group of approximately 7-11 campers. Counselors work on a team with one to three co-counselors. Male counselors reside in a cabin with male campers, and female counselors reside in a cabin with female campers.

This next question is not one that you must know with 100% certainty, as many volunteers have switched between Program and Volunteer staff over the years. We want to get a sense of where you might see yourself wanting to volunteer after completing your LIT curriculum.

Program Staff _____

Counseling Staff _____

Either _____

Essay Questions:

The following questions are to be answered in essay form. Please limit your answers to two pages or less, double-spaced.

1. Why do you feel that you are qualified for the LIT program?
2. What interests you about the LIT program and what do you expect to gain from the experience?

VOLUNTEER HEALTH INFORMATION

Applicant Name: _____

Local Emergency Contact: _____

Address: _____

Relationship: _____

Home Phone: _____ Work Phone: _____

Health care provider name and contact number: _____

Health History:

Have you had -

Mumps? YES NO

Diabetes?

YES NO

Measles? YES NO

Heart Problems?

YES NO

Asthma? YES NO

Seizures?

YES NO

Immunizations History:

Verify the following immunizations are up to date by CIRCLING:

DPT Series

Polio Booster

MMR (Measles, Mumps, Rubella)

Last Tetanus Booster (*DATE REQUIRED*) _____

(It is strongly suggested that if it has been over 10 years since your last tetanus booster, that you have one before coming to camp this summer.)

Allergies:

Do you have allergies to:

Hay Fever? YES NO

Insect Stings? YES NO

Medications? YES NO (Please specify & list symptoms): _____

List any other allergies you have than have not been mentioned: _____

Medications: Please bring all medications in *original* containers. You will turn in your medication and schedule to the nursing staff during training at Camp Collins.

Restrictions:

Do you have any restrictions relating to:

Diet, including food allergies? _____

Swimming? Activity level? _____

Please describe any current physical, mental or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp. _____

EMPLOYMENT INFORMATION

Current Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Position/Title: _____

Supervisor's Name: _____ Phone: _____

Previous Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Position/Title: _____

Supervisor's Name: _____ Phone: _____

EDUCATION:

Current highest level of education attained: (circle)

High school: 9 10 11 12

Name of School: _____

College: 1 2 3 4

Name of School: _____

Please list volunteer experience:

Agency

Position

Supervisor

Phone

REFERENCES

List three references (not relatives, significant others, other Camp Ukandu volunteers, or room/house mates) who can be contacted to answer specific questions regarding your character, experience and ability.

Name: _____ Phone/Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Contacted by:

Date Contacted:

Name: _____ Phone/Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Contacted by:

Date Contacted:

Name: _____ Phone/Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Contacted by:

Date Contacted:



Please note: If the individual is a patient, a HIPAA Authorization Form is required in addition to this Media Release Form.

MEDIA RELEASE FORM

Individual's full name (printed): _____ ("I/my" or "Individual")

Effective date of this release: June 15, 2019 Name of event/activity: Camp UKANDU

Activities being performed: ("Activities")

- Interview Photography Filming or video recording
 Audio recording Other (specify): _____

Purpose:

- Use by CAMP UKANDU for purposes of marketing, advertising and fundraising, including printed or electronic publications, brochures, advertisements, website and other forms of media and social media.

Name of Third Party ("Entity") (if applicable):

N/A

How Entity will use Activities:

N/A

OR Entity is performing Activities on behalf of

UKANDU (pursuant to a contract with UKANDU)

This Media Release is made effective as of the Effective Date by and between Individual and CAMP UKANDU (UKANDU) and Entity, as defined above. I consent to participating in the Activities, including any recording of my image, and agree it can be used in accordance with this Release. I shall receive no compensation of any kind for this Release.

I hereby authorize UKANDU and/or Entity and their respective officers, directors, employees, agents and contractors acting on its behalf, to use my image and likeness in any form of media, including still image photograph, voice audio, and/or video image, and to offer those images and/or recordings for use or distribution for the Purposes identified above without notifying me. I authorize UKANDU and Entity to use my name in connection with the images and/or recordings and to use, copy, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW) those images and/or recordings. Neither UKANDU nor Entity is required to use any image and/or recording obtained and may discontinue using such images and/or recordings at any time.

I understand that all negatives, prints, digital reproductions, recordings, and videotapes shall be the property of UKANDU and/or Entity and shall not be returned to me. I waive any rights, title, claims or interest I may have to control or approve of the use of my identity of likeness in any publication or media (printed or electronic) or other use of the images and/or recordings now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the images and/or recordings.

I hereby agree to release and hold harmless UKANDU and Entity, including their respective officers, directors, employees, agents and contractors from and against any claims, damages or liability arising from or related to the use of the images and/or recordings, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in production of the finished product. I agree to release UKANDU and Entity and those acting pursuant to their respective authority from liability for any violation of any personal or proprietary right I may have in connection with any use of my likeness or image for any use described above.

I have read the terms of this release and I understand it.

Individual's signature*: _____ Date: _____

**If participant is under the age of 18, a parent's name and signature must be obtained consenting for the Individual.*

Parent/Legal Guardian's signature*: _____ Date: _____

Parent/Legal Guardian's printed name: _____