



# Volunteer Application

## Children's Bereavement Network

*"In Life There Is Hope"*

PO Box 181

Gaylord, MI 49734

The history and confidential information on this form about you (or your child if under 18) will be used by the camp director and those involved in your role as a volunteer. Our priority is to ensure the best possible care and safety for you and the children who will be attending. It will also help us to match you with a child or role that best suits you. **All volunteers, including those over age 18, must fill out the medical history, medical information and waiver in case of a medical emergency and you are unable to communicate. Please answer ALL questions on both sides as completely as possible, keeping in mind that the information you share will be used in strict confidence.**

First	Middle	Last	(and nickname if applicable)	Sex	Race	Birth Date
( )	( )	( )	( )	( )	( )	( )
Phone # (Home)		Phone # (Work)		Cell		

Street Address	City	State	Zip Code
----------------	------	-------	----------

Email Address

Occupation	Employer
------------	----------

Employer Address	City	State	Zip Code
------------------	------	-------	----------

<b>Emergency Contact</b>	<b>Relationship</b>
( )	( )
Phone # (Home)	Cell
( )	( )
Phone # (Work)	Cell

How did you find out about our camp? (Please be specific. Thanks)

Would you like to speak to a veteran volunteer?    Yes     No

What experience do you have working with children (certificates, degrees earned, babysitting, clubs, etc)?

Do you have any camping or outdoor experience?

What are your hobbies?

**Volunteer's Name** \_\_\_\_\_

Please include as many details as possible when answering the following questions. Attach extra pages if necessary.

**What areas are you interested in volunteering for:**  Teen Buddy  Arts & Crafts  Activities  
 Helper/Organize  Group Leader or Co Leader  Reunion  Computer Work  Speaker

**What age group do you prefer to work with? (List your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice.)**  
\_\_\_\_\_ 7 & 8 yr olds \_\_\_\_\_ 9 & 10 yr olds \_\_\_\_\_ 11 & 12 yr olds \_\_\_\_\_ 13 & 14 yr olds

Please tell us why you decided to volunteer for Children's Bereavement Network and grieving children.

\_\_\_\_\_  
\_\_\_\_\_

**CBN Bereavement History**

If you have experienced the loss of a loved one to death, please explain. This will help us to know where you would work best.

**Name of person who died** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Write name how you want it written on a scroll for the memorial service that will be given to you as a keepsake after camp.

Date of death \_\_\_\_\_ Your age when loved one died \_\_\_\_\_ Cause of death \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any comments or information you would like to share about this experience.

**Name of person who died** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Date of death \_\_\_\_\_ Your age when loved one died \_\_\_\_\_ Cause of death \_\_\_\_\_

Any comments or information you would like to share about this experience.

\_\_\_\_\_  
\_\_\_\_\_

Any additional comments or information that you would like to share that would help us to better understand you and place you as a volunteer.

\_\_\_\_\_  
\_\_\_\_\_

T-Shirt Size:	Children:	Small (6 -8) <input type="checkbox"/>	Medium (10 -12) <input type="checkbox"/>	Large (14 -16) <input type="checkbox"/>	
T-shirt Size:	Adult:	Small <input type="checkbox"/>	Medium <input type="checkbox"/>	Large <input type="checkbox"/>	X – Large <input type="checkbox"/>

## **CBN Health History Form**

\_\_\_\_\_  
**Volunteer's full name**

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

\_\_\_\_\_  
Age

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Height

\_\_\_\_\_  
Weight

\_\_\_\_\_  
**Parent/Guardian's Name (if volunteer is under 18)**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Family Physician

\_\_\_\_\_  
Physician's Phone

\_\_\_\_\_  
Name of Insurance

\_\_\_\_\_  
Contract #

**In an emergency, Please notify:**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Phone # (Home)**

\_\_\_\_\_  
**Phone # (Cell)**

### **Health History**

Date of volunteer's last tetanus shot? \_\_\_\_\_

Do you (or your child if under 18) have any health history or serious medical problems such as: allergies, seizures, diabetes, hearing, asthma, heart or kidney problems, ADHD, etc.?  Yes  No

If yes please explain:

\_\_\_\_\_  
\_\_\_\_\_

List any other information that you feel we may need to know. \_\_\_\_\_

\_\_\_\_\_

Do you (or your child if under 18) have any dietary restrictions or food allergies? \_\_\_\_\_

Do you (or your child if under 18) have any activities limited or prohibited by a physician? (Please explain what limitations or adaptations may be necessary.)

\_\_\_\_\_

## CBN HEALTH FORM

List all over-the-counter, non-prescription and prescription drugs regularly taken by you. This information is needed in case of an emergency. Medical personnel need this information to better treat and care for you. **On day of camp at check-in, we will update any changes or additions to medications. Please bring all medications in a Ziploc bag labeled with your name. We will also update contact info, phone #'s, etc. for any changes. All medication must be given to the nurse at check in, they are not allowed in the cabins with the children. This is a state law we must all follow for the safety of everyone.**

### Current Medications:

Name of Drug	Reason for medication	Date prescribed	Dosage / Time given

---

**Are there any side effects that are experienced from any of the above medications?**

### Drug allergies:

Name of Drug	Type of reaction (hives, shock, etc)

**May we dispense Tylenol (if the volunteer is under 18)?**       Yes     No

### Volunteer authorization for \_\_\_\_\_

(Print) Volunteer's full name

All health history is correct and complete to the best of my/our knowledge and the volunteer herein described has permission to engage in all Children's Bereavement Network activities except as noted. I hereby give permission to the medical personnel selected by the Children's Bereavement Network to provide routine health care; to administer medications and treatment; to order x-rays and routine tests; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me (or my child if under 18). In the event of an Emergency, I hereby give permission to the physicians selected by the Children's Bereavement Network to secure and administer treatment, including hospitalization, for the person named above. Before an emergency room visit Children's Bereavement Network will make every attempt to notify parent/guardian if volunteer is under 18 while he/she is in our care. All minor medical needs will be cared for by the on-site Children's Bereavement Network nurse without notification of parent/guardian.

---

**Volunteer's Signature (Parent/Guardian if under 18)** \_\_\_\_\_

**Date** \_\_\_\_\_

### Statement of Confidentiality

I understand that information regarding CBN campers, their families, staff and any person receiving support or services in any capacity is privileged information for use by authorized person(s) only. I will disclose such information only in the discharge of my assigned duties and responsibilities with CBN, to person(s) authorized to receive such information through the signed consent. I will not disclose any information with anyone unauthorized to receive this information. I will handle any and all paperwork and forms with proper procedure and control so that no information is accidentally observed or released to any unauthorized person(s). I also understand that the casual sharing of camper, camper families, staff and volunteer information in public places or settings is inappropriate.

I have read and understand the preceding Statement of Confidentiality and agree to abide by it.

---

**Volunteer's Signature** \_\_\_\_\_ **and (Parent/Guardian if under 18)** \_\_\_\_\_

**Date** \_\_\_\_\_

# CBN Assumption of Risk and Waiver

## Name of Participant

---

I, the participant and/or as parent/guardian of minor participant, understand that Children's Bereavement Network's goal is to facilitate the bereavement process and provide support for said minor participant to express feelings of grief. I, the participant and/or as parent/guardian of minor participant, understand that, as in all sports/activities and bereavement sessions, there is a risk of injury, whether physical and/or emotional, and damage to property and hereby assume such a risk and all consequences thereof, including the risk of personal injuries, whether physical and/or emotional, to the participant resulting from participating in any/or all of the sports and bereavement sessions. I, the participant and/or as parent/guardian of minor participant, agree to be fully responsible for any personal injury, whether physical and/or emotional, or damage to the property arising out of or in connection with the participant's use of the facilities while with the Children's Bereavement Network, regardless of the cause, causes or contributing causes of such injury, whether physical and/or emotional, or damage. To this end I, the participant and/or as parent/guardian of minor participant, hereby release, discharge, and covenant to hold harmless Children's Bereavement Network, and any other entity that is the landlord, or sub landlord of the premises, and/or bereavement sessions location and/or directors, officers, volunteers, agents, employees and successors and assigns of the above from any and all claims, causes of action, actions demands, damages, costs, loss and expenses (including reasonable legal fees, which the applicant, or a third party may have suffered or incurred which in any way arise out of or in connection with participant's use of the Premises and/or from participating in program regardless of the cause, causes or contributing causes of such injury, whether physical and/or emotional, or damage. Said release, discharge and covenant shall apply to all such causes of action whether arising or prosecuted before or after said minor participant has reached his/her age of majority. I, the participant and/or as parent/guardian of minor of participant, further promise and covenant (jointly and severally) for myself, individually and/or as parent/guardian of minor participant, and my/our heirs, administrators and executors, not to sue in any name or capacity (or implead in any action) said Children's Bereavement Network or any other entity that is the landlord or sub landlord of the Premises and/or bereavement sessions location and/or directors, officers, volunteers, agents, employees or successors, assigns of any of the above for damages or injury to the property or person of the participant or to myself/ourselves arising out of or in connection with the participant's participation in the activities and bereavement sessions, at the premises and/or bereavement sessions location regardless of the cause, causes or contributing causes of such injury, whether physical and/or emotional, or damage.

As named above I, the participant and/or as parent/guardian of minor participant. All health history presented is correct to the best of my/our knowledge, and the participant named above has my/our permission to engage in any/or all of the sports/activities and bereavement sessions with Children's Bereavement Network.

## Release of Liability

By signing this form, I, the participant and/or as parent/guardian of minor participant acknowledges that they have read and understood the above information and are signing this form to assure Children's Bereavement Network that I, the participant and/or as parent/guardian of minor participant assumes all risks during the program.

I hereby give my consent:

1. To participate in Children's Bereavement Network's sports/activities and bereavement sessions.
2. To receive emergency medical care (which may become reasonably necessary in the course of such activities and/ or travel).

I further agree not to hold Children's Bereavement Network or anyone acting in its behalf, responsible for any injury occurring to the named participant during Children's Bereavement Network programs, activities, and travel.

---

**Signature of Participant or Parent/Guardian** (If participant is under age 18)

---

**Date**

## Authorization for Audio/Visual Records

I understand that the Children's Bereavement Network may make audio/visual recordings. I hereby authorize Children's Bereavement Network to have and use photographs, slides, moving pictures and audio/video recordings of myself (or my child if under 18) for the purposes of Children's Bereavement Network records, public relations, and/or advertising.

---

**Signature of Participant or Parent/Guardian** (If participant is under age 18)

---

**Date**

## HEALTH FORM

*Note: YMCA Camping Services does NOT carry health/accident insurance for group participants. (In order to participate in camp programs, this form must be signed and must be presented to your group's leader upon your arrival at camp.)*

### General Information

Participant's Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Participant's Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
Name of Parent/Guardian or Spouse \_\_\_\_\_ Work Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

### **If parents/spouse are not available in an emergency, please notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Home Address \_\_\_\_\_  
Family Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_  
Name of Insurance Subscriber \_\_\_\_\_  
Name of Insurance Provider \_\_\_\_\_ HMO # \_\_\_\_\_  
Medicaid ID # \_\_\_\_\_ Medicare # \_\_\_\_\_ BC/BS Contract # \_\_\_\_\_ Other Contract \_\_\_\_\_

### Health History

#### **Does your child/the participant have any problems with the following?**

	Yes	No		Yes	No		Yes	No
Asthma	[ ]	[ ]	Seizures	[ ]	[ ]	Heart Problems	[ ]	[ ]
Sleep Walking	[ ]	[ ]	High Blood Pressure	[ ]	[ ]	Low Blood Pressure	[ ]	[ ]
Allergies to Food	[ ]	[ ]	Allergies to Medications	[ ]	[ ]	Diabetes	[ ]	[ ]
Hearing Loss	[ ]	[ ]	Bone/Joint Problems	[ ]	[ ]	Bedwetting	[ ]	[ ]
Kidney problems	[ ]	[ ]	Respiratory Problems	[ ]	[ ]	Fear of Heights	[ ]	[ ]
Bee Allergies	[ ]	[ ]	Insect Allergies	[ ]	[ ]			

If Yes, please explain: \_\_\_\_\_

Is there any reason your child should not sleep on an upper bunk? (All upper bunks have railings)

Does your child/participant have any other serious medical problems/been under a physician's care recently?  
[ ] Yes [ ] No If Yes, please explain: \_\_\_\_\_

Does your child/participant have any dietary restrictions? \_\_\_\_\_  
List activities limited or prohibited by a physician. \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Is your child/participant currently on medication? [ ] Yes [ ] No

If Yes, please explain: \_\_\_\_\_

Can tylenol be administered to your child if necessary? [ ] Yes [ ] No

### Parent's/Participant's Authorization

**All of the above information is correct to the best of my knowledge and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to order X-rays, routine tests, treatment, and necessary transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected to secure and administer treatment, including hospitalization, for my child/myself as named above.**

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

**YMCA CAMPING SERVICES ASSUMPTION OF RISK AND WAIVER**

**Name of Participant**  
**Address**

**Email**

**City**

**State**

**Zip**

I understand that, as in all sports/activities there is a risk of physical injury and damage to property and hereby assume such a risk and all consequences thereof, including the risk of personal injuries to the applicant resulting from participating in any or all of these sports, and agree to be fully responsible for any personal injury or damage to the property arising out of or in connection with the applicant’s use of the facilities at the YMCA Premises and/or YMCA Program Location regardless of the cause, causes or contributing causes of such injury or damage. To this end I/we, as parents and legal guardian(s) of the applicant, a minor, hereby release, discharge, and covenant to hold harmless the YMCA Camping Services, YMCA Camp Ohiyesa, YMCA Camp Nissokone, and any other entity that is the landlord, or sublandlord of the Premises, and/or YMCA Program Location and all of the employees, officers and directors, agents and successors and assigns of the above from any and all claims, causes of action, actions demands, damages, costs, loss and expenses (including reasonable legal fees, which the applicant, or a third party, may have, suffer or incur which in any way arise out of or in connection with applicant’s use of the Premises and/or YMCA Program Location regardless of the cause, causes, or contributing causes of such injury or damage. Said release, discharge and covenant shall apply to all such causes of action whether arising or prosecuted before or after said minor applicant has reached his or her age of majority.

I/we further promise and covenant (jointly and severally) for myself/ourselves, individually and as legal guardian(s) of the applicant, and my/our heirs, administrators and executors, not to sue in any name or capacity (or implead in any action) said YMCA Camping Services, YMCA Camp Ohiyesa, YMCA Camp Nissokone, or any other entity that is the landlord or sub landlord of the Premises and/or YMCA Program Location (and/or employees, officers, agents, or successors, assigns of any of the above) for damages or injury to the property or person of the applicant or to myself/ourselves arising out of or in connection with the applicant’s participation in the activities outlined above at the Premises and/or YMCA Program Location regardless of the cause, causes or contributing causes of such an injury or damage.

I/we/am are the parent(s) and legal guardian(s) of the applicant named above. The health history presented to the camp is correct to the best of our/my knowledge, and the applicant described on the admissions application has our/my permission to engage in any or all of the sports/activities at YMCA Camp Ohiyesa and Camp Nissokone, such as:

1. Skateboarding, roller skating, in-line skating and/or similar activities
2. Horseback riding
3. Climbing on natural rocks and cliffs, the climbing tower, and/or the climbing center, and/or similar activities
4. Water sports, including: swimming, kayaking, canoeing, sailing, windsurfing, and rafting, and/or similar activities
5. Field sports
6. Tubing (winter)
7. And/or similar activities

YMCA Camping Services and Camp Ohiyesa located at 7300 Hickory Ridge Road, Holly, Michigan (“Premises”) or Camp Nissokone located at 6836 F-41, Oscoda, Michigan (“Premises”) or at any other place while involved in the program of the YMCA (“YMCA Program Location”).

**Release of Liability**

By signing this form, parent/legal guardian and/or participant acknowledges that they have read and understood the above information and are signing this form to assure YMCA Camp Ohiyesa/YMCA Camp Nissokone that parent/legal guardian and/or participant assumes all risks during the program.

**Guardians or participants who do not wish to accept the risks described in this warning should not sign this permission form.**

I hereby give my consent:

1. To participate in YMCA Camp Ohiyesa/YMCA Camp Nissokone programs.
2. To receive emergency medical care which may become reasonably necessary in the course of such activities or travel.

I further agree not to hold YMCA Camp Ohiyesa/YMCA Camp Nissokone or anyone acting in its behalf, responsible for any injury occurring to the named participant during YMCA Camp Ohiyesa/YMCA Camp Nissokone programs activities or travel.

DATE \_\_\_\_\_

**Signature of Participant or Parent/Legal Guardian (If participant is under age 18)**

I have read the aforementioned and will abide by the principles and regulations contained herein.

DATE \_\_\_\_\_

**Signature of Participant**

**Authorization For Audio/Visual Records**

I understand that the YMCA may make audio/visual recordings of this camping event. I hereby authorize the YMCA to have and use photographs, slides, moving pictures, and audio/video tapes of my child (if under 18) and/or myself \_\_\_\_\_ for purposes of YMCA records, public relations, and/or advertising.

DATE \_\_\_\_\_

**Signature of Participant or Parent/Legal Guardian (If participant is under age 18)**