

**2012 Camp Dreamcatcher Healthcare Volunteer Application**  
(Nurses, Nurse practitioners, Physicians, Physician Assistants, and  
Pharmacy/Nursing/Medical Students.)

Dear Friend,

Thank you for your interest in Camp Dreamcatcher. Camp will be held this year from August 11<sup>th</sup> -18<sup>th</sup> , 2012 at Westtown Boarding School, 975 Westtown Road, Westtown, PA 19395. Volunteers are needed from Saturday, August 11th- Saturday, August 18<sup>th</sup>.

Enclosed you will find the 2012 Healthcare Volunteer application. Healthcare Volunteers need to:

1. Complete the healthcare volunteer application packet.
2. All volunteers who plan to be at camp anytime beyond the registration period need to complete the 2012 Volunteer Health Form for Adults as well as an Authorization Form (pages 3 and 4).
3. Pass the county criminal and national sex offender checks.
4. Participate in a telephone interview with the Healthcare Coordinator.
5. Provide 2 professional references.
6. Provide a copy of professional licensure and BLS.

Please return applications to  
**Healthcare Director**  
**Camp Dreamcatcher**  
**617 West South Street**  
**Kennett Square, PA 19348.**  
**Office: 610-925-2998**  
**Fax: 610-925-0403**

I look forward to hearing from you!

Chantal Whitehead  
Program Director

## 2012 Camp Dreamcatcher Healthcare Volunteer Application

Name \_\_\_\_\_ DOB \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

County of residence \_\_\_\_\_ (needed for grant writing)

T-Shirt size: \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Best place and time to call \_\_\_\_\_

Email Address \_\_\_\_\_

Profession(s) \_\_\_\_\_

Employer(s) \_\_\_\_\_

Employment Location \_\_\_\_\_

Position(s) \_\_\_\_\_

### References:

Please provide two professional references (for new PT/FT volunteers only):

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_

**Educational Background:** (name of schools, degrees, dates of graduation)

\_\_\_\_\_

**Describe any training/work with camps, children and/or persons with HIV/AIDS:**

\_\_\_\_\_

**Attach copy of professional licensure, BLS, and proof of liability insurance if available.**

**FT volunteers stay the whole week and are provided food/lodging at camp.**

**PT volunteers may work day to day or stay for a few days.**

### For PT/FT professionals planning on volunteering beyond registration:

Need to provide consent for a county and federal criminal background check to be performed.

**Please check dates and fill out time available:**

<u>Dates</u>	<u>Hours available:</u>
_____ Saturday 8/11/12 (11 am- evening)	_____ to _____
_____ Sunday 8/12/12 (11am-evening)	_____ to _____
_____ Monday 8/13/12	_____ to _____
_____ Tuesday 8/14/12	_____ to _____
_____ Wednesday 8/15/12	_____ to _____
_____ Thursday 8/16/12	_____ to _____
_____ Friday 8/17/12	_____ to _____
_____ Saturday 8/18/12 (till 2p)	_____ to _____

2012 Camp Dreamcatcher Health Form: Volunteers  $\geq 18$  yrs old

**Volunteer's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Gender** \_\_\_\_\_  
**Home Address** \_\_\_\_\_  
 \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Home Phone #** \_\_\_\_\_ **County** \_\_\_\_\_  
**Cell phone #** \_\_\_\_\_ **Email address** \_\_\_\_\_

**Please list two emergency contacts:**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone#’s \_\_\_\_\_  
 2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone#’s \_\_\_\_\_

**In case of emergency:****Insurance Name and Policy Number**

**Physician(s)** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_

**Health History/Do you have or have you had any of the following?** (please write **YES** or **NO** and **write mo/date affected** - make comments on lines below.)

Frequent nose bleeds _____	Allergies and type of reaction:
Sinusitis _____	Bee stings _____
Asthma _____	Other Insect Bites _____
Frequent Headaches _____	Hay Fever _____
Ear Infections _____	Food _____
Eye Trouble _____	Drugs _____
Head Injury _____	Carries Epi-pen? _____
Seizures _____	Stomach Trouble _____
Pneumonia _____	Skin Problems _____
Bleeding Disorder _____	Wear glasses/contacts _____
Kidney Problems _____	Anxiety _____
Rheumatic Fever _____	Depression _____
Heart problem _____	HIV + _____

**Comments**

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

**Please identify any current or recurring Illnesses/Injuries not listed above**

\_\_\_\_\_

**Please note any hospitalizations/surgeries (include dates and complications):**

\_\_\_\_\_

**Activity Restrictions** \_\_\_\_\_

\_\_\_\_\_

**Please list any special needs** \_\_\_\_\_

## 2012 Camp Dreamcatcher Authorization Form

This health history is correct and complete as far as I know.

I give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for person herein described as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes for emergency medical treatment that may be required during the week of camp.

In the event of a medical emergency, I hereby give permission to the camp medical personnel selected by the camp to secure and administer treatment including hospitalization.

I understand that Camp Dreamcatcher is not responsible for lost or stolen items during the week of camp.

**Print Complete Name of Healthcare Volunteer**

\_\_\_\_\_

**Signature of Healthcare Volunteer** \_\_\_\_\_

**Date of signature above** \_\_\_\_\_

*The information requested below will assist us in completing grant proposals for camp funding. All information is kept confidential. Names and information will not be disclosed. Thank you for your cooperation.*

**Please check your monthly income.**

\$ 0 - \$500	_____	\$2,112 - \$2,648	_____
\$501 - \$750	_____	\$2,649 - \$3,184	_____
\$751 - \$1,000	_____	\$3,185 - \$3,721	_____
\$1,001 - \$1,250	_____	\$3,722 - \$4,257	_____
\$1,251 - \$1,575	_____	\$4,258 - \$4,794	_____
\$ 1,576 - \$2,111	_____	\$4,795 - \$5,330	_____
How many people live in your household?	_____	\$5,331 and up	_____

**Race/Ethnic Group**

African American
  Asian American/Pacific Islander
  Native American  
 Hispanic American (Latino)
  Caucasian
  Other

*Physical Disabilities* Yes  *Please explain* \_\_\_\_\_

*Mental Disabilities* Yes  *Please explain* \_\_\_\_\_

*Shirt Size* \_\_\_\_\_

**\*\*\*PLEASE PROVIDE CAMP DREAMCATCHER WITH A CURRENT PHOTGRAPH FOR YOUR FILE\*\*\***

*Camp Dreamcatcher requires all new and returning counselors as well as healthcare volunteers to complete a background check prior to the week of camp. This year we will be using National Background Investigations, Inc. to run both a county criminal check and a national sex offender search for each volunteer. In order to do so, we will need you to complete the National Background Investigations, Inc. consent form attached.*

**If you have any questions, please feel free to contact Chantal Whitehead at the camp office (610)925-2998 or via email: [chantal@kennett.net](mailto:chantal@kennett.net)**

**Applications can be faxed to (610)925-0403 or mailed to:**

Camp Dreamcatcher  
 617 West South Street  
 Kennett Square PA 19348

**Camp Dreamcatcher**  
**617 W. South Street**  
**Kennett Square, PA 19348**  
**Office: (610) 925-2998 FAX: (610) 925- 0403**  
**Email: [campdreamcatcher@kennett.net](mailto:campdreamcatcher@kennett.net)**  
**Website: [www.campdreamcatcher.org](http://www.campdreamcatcher.org)**

I understand that Camp Dreamcatcher ('COMPANY') will utilize the services of NATIONAL BACKGROUND INVESTIGATIONS, INC., P.O.BOX 966, STEVENSVILLE, MD 21666 ('NATIONAL BACKGROUND INVESTIGATIONS'), as part of the procedure for processing my application for volunteer employment. I also understand that if my application for employment is granted, COMPANY may obtain further information through subsequent investigations by NATIONAL BACKGROUND INVESTIGATIONS so as to update, renew or extend my employment, to the extent permitted by law.

The pre or post-employment investigation also may include obtaining information relating to criminal records without any time limitations, subject to state law.

I acknowledge that I have received the attached summary of my rights under the Fair Credit Reporting Act, even though a credit report will only be generated with my prior approval, on a separate form therefore.

I understand if I disagree with the accuracy of any information in any report, I must notify COMPANY within five business days of my receipt of the report that I am challenging the accuracy of the information contained in such report with NATIONAL BACKGROUND INVESTIGATIONS, INC. and advise COMPANY as to the basis of my challenge.

In exchange for COMPANY's consideration of my employment application, I agree not to file or pursue any complaints, claims or legal actions of any kind against NATIONAL BACKGROUND INVESTIGATIONS for providing the aforementioned information. I also agree not to file or pursue any complaints, claims or legal actions against COMPANY or any of its employees, representatives, or agents arising out of or in any way related to conducting a background investigation.

I am consenting that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any entity which may provide information based on this authorized request.

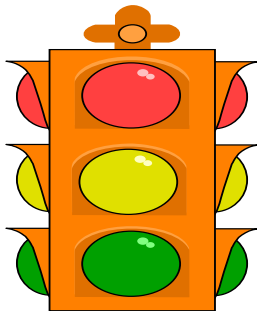
In order to verify my identity for purposes of the background investigation I am voluntarily releasing my date of birth, social security and the other information on this page for my own benefit and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

First Name: \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_  
 Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Other names known by \_\_\_\_\_  
 Primary Telephone Number \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Current Address \_\_\_\_\_ Apt# \_\_\_\_\_ #of yrs, at this address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Previous Address \_\_\_\_\_ Apt.# \_\_\_\_\_ # of yrs at this address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Email Address \_\_\_\_\_

**I hereby consent to this investigation and authorize Camp Dreamcatcher to procure a county criminal record check and a national sex offender search on my background using the services of Sterling Testing Systems, Inc. I understand that the company will not disseminate or share any information it receives with any third party, other than as may be required in it's normal course of business, or as required by law.**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date of signature



## Directions to WESTTOWN SCHOOL

975 Westtown Road, Westtown, PA 19395

### ***From Philadelphia and Suburbs***

*Take Route 202 South to the Westtown Road Exit (near West Chester, PA). At the bottom of the ramp/traffic light, make a left and head east on Westtown Road for approximately 2.5 miles. The main entrance will be on the left.*

### ***From Philadelphia Airport, Northeast Philadelphia and Northern Suburbs:***

Take I -95 South to Route 476 North to Exit for Broomall/Newtown Square (Route 3). Make a left from the exit onto Route 3 West. In approximately 9 miles, turn left onto Route 926 (Street Road) and proceed west on Route 926. From the intersection of Route 926 (Street Road) and Route 352, proceed on Route 926 West to the traffic light at Westtown Road. The South entrance will be approximately 0.6 miles (Straight at stop sign) and the Main Entrance will be approximately 0.8 miles (make a left at the stop sign) on your right.

### ***From South Jersey***

Proceed South via I 295 to Commodore Barry Bridge. Follow 322 West, left onto U.S. Route 1 South to Route 202 North. Proceed north on Route 202 to Route 926 (Street Road). Turn right onto Route 926 (Street Road) and proceed east. Proceed on Route 926 East 2.1 miles to the traffic light at Westtown Road. Make a left onto Westtown Road. The South entrance will be approximately 0.6 miles (straight at the stop sign) and the Main Entrance will be approximately 0.8 miles (make a left at the stop sign) on your right.

### ***From Central and Northern New Jersey and New York***

Proceed South via New Jersey Turnpike to exit #7. Follow signs to I – 295 South. Proceed on I 295 South to the Commodore Barry Bridge. Follow directions “*From South Jersey*”.

### ***From Lancaster and Vicinity Westtown***

From the center of Oxford, take Route 1 North, continuing to Route 202 North. *Follow directions “From Route 926 and Route 202 Intersection” above.*

### ***From Baltimore, Washington and South.***

*I 95 North to Route 202 North*

*Follow directions “From Route 926 and Route 202 Intersection” above.*

*Patty Hillkirk’s cell phone number is (610) 716 0476*