

Dear Future Camp Counselor,

We're very excited that you're interested in volunteering your time for Camp Success. We believe the most important factor in making camp a fun and memorable experience is our volunteer staff.

We are looking for enthusiastic, hard-working, and responsible individuals to serve as camp counselors, medical staff (RN or MD), culinary staff, and support staff. All Camp Success volunteers must be 18 years or older, be CPR and First Aid certified and available to spend one full week at camp (July 10-16th).

Please note that each camp session will have children with a unique set of medical and/or emotional needs. There will be trained medical and clinical staff at each session to handle the special needs of these children and to help our volunteer staff throughout the week – **we do NOT require** you to have special training or experience with children in these areas. However, if you do have any relative training or experience, please let us know on your application.

Camp Success is located approx. 20 miles outside of Ely, NV (about 4.5 hours from Las Vegas). Transportation will be provided to and from Camp Success for all counselors, staff and campers, as well as all meals, activity costs and basic camping supplies. You will receive an information packet that includes a complete list of items to bring.

If you are interested in volunteering for Camp Success, please complete and return the **2010 Camp Staff / Counselor Application** as soon as possible to:

Children's Heart Foundation  
Re: Camp Success  
3006 S. Maryland Pkwy Ste. 690  
Las Vegas, NV 89109

After reviewing your application, we will contact you to go over any additional details and schedule an interview. If you have any questions in the meantime, please contact Lorie Coviello at the number below. We look forward to receiving your application.

Sincerely,

Lorie Coviello  
(702) 990-4831

# CAMP SUCCESS

Children's Heart Foundation



## 2010 Camp Staff / Counselor Application

### Seeking Position As

Camp Counselor

Camp Physician

Registered Nurse (RN)

Culinary/Kitchen Staff

Support Staff

Certified EMT

Shirt size:  S  M  L  XL  XXL

### Personal Information

Name: \_\_\_\_\_  
(First) (MI) (Last)

SS#: \_\_\_\_\_

Present Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Permanent Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work:  
(\_\_\_\_) \_\_\_\_\_

e-mail: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male  Female

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

### Medical / Emergency Information

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Please include photocopy of insurance card

Policyholder / Subscriber's Name: \_\_\_\_\_ Subscriber

ID#: \_\_\_\_\_

**In case of emergency, please notify:** \_\_\_\_\_  
Name Relationship

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone:(\_\_\_\_) \_\_\_\_\_ Night

Phone:(\_\_\_\_) \_\_\_\_\_



## Personal References

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Please provide names, addresses and daytime telephone numbers of two personal and/or professional references **who are not related to you.**

### Reference

1: \_\_\_\_\_  
Name Occupation Relationship

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

### Reference

2: \_\_\_\_\_  
Name Occupation Relationship

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

I hereby authorize Camp Success, Children's Heart Foundation, to contact and question the preceding individuals, and conduct a criminal background check, prior to being considered for a staff position at Camp Success.

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

# Camp Success Rules and Conduct Agreement

Name: \_\_\_\_\_

The Camp Success Rules and Conduct Agreement helps ensure a safe, friendly, and fun experience for all campers and staff. We ask that you become familiar with these rules prior to attending camp. As a counselor and or staff member of Camp Success, you will be responsible for helping to enforce these rules.

## The following rules are grounds for immediate dismissal from Camp Success:

1. Campers, counselors and staff must not leave camp or camp activities without the knowledge and permission of the Camp Director.
2. Campers, counselors and staff must not steal, vandalize, and/or destroy any property not belonging to them, and will be liable for any damages he/she causes.
3. Campers, counselors and staff must not intentionally injure, either physically or emotionally, any other person or him/herself (includes name-calling, bullying, hazing and harassment).
4. Campers, counselors and staff must not engage in any form of sexual contact.
5. Campers, counselors and staff must not SMOKE OR POSSESS any form of TOBACCO.
6. Campers, counselors and staff must not DRINK OR POSSESS any form of ALCOHOL.
7. Campers, counselors and staff must not USE OR POSSESS any ILLEGAL DRUGS.
8. Campers, counselors and staff must not possess any knives, guns, explosive or hazardous materials, lighters, matches, or any other object or material that can be used as a weapon.
9. Campers, counselors and staff must not engage in, encourage, or suggest any behavior that is disruptive, hurtful, or dangerous to the camp program, camp staff, and/or fellow campers.
10. Counselors and staff report directly to the Camp Director. If they witness or suspect a violation to any of the above rules, they must inform the Camp Director immediately.

**\*\*PROXIMITY:** If a camper, counselor, or staff member is found in a situation where any of the above rules are being broken without immediately removing themselves and reporting it to their counselor and/or the camp director, that person will also be held responsible.

## CHILDREN'S HEART FOUNDATION and CAMP SUCCESS

**HOLD A ZERO TOLERANCE POLICY REGARDING THESE RULES OF CONDUCT.**

**ANYONE FOUND IN VIOLATION OF THESE RULES WILL BE SENT HOME AT THEIR OWN EXPENSE,  
AND WILL NOT BE ALLOWED TO PARTICIPATE IN FUTURE RMHC SPONSORED CAMP PROGRAMS –  
NO EXCEPTIONS.**

I have reviewed and fully understand the Camp Success Rules and Conduct Agreement. I agree to enforce and follow these rules while I am at camp. I understand that I am not only responsible for my own behavior, but for the behavior of all campers attending Camp Success. I have discussed any questions I have regarding these rules with the Camp Director and/or CHF staff.

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

# Conditions of Position and Release Form

Name: \_\_\_\_\_

**The well-being of each counselor, staff member and camper is of paramount importance to the executive staff of Camp Success. The following acknowledgment and release is a requirement of insurance coverage and an important reminder to you as a counselor/staff member.**

1. I understand that the programs offered through Camp Success, may take place in a wilderness environment and may include but is not limited to the following potentially hazardous activities: hiking, camping, environmental education, swimming, initiative activities, canoeing, archery, petting zoo/animal contact, and transportation. These potentially hazardous activities can cause personal injury, property damage, death or illness.

I understand that Camp Success does not require me to participate in the camp experience. In recognition of the potentially hazardous nature of participation, I, myself, my heirs and assigns, hereby release and discharge Camp Success and Children's Heart Foundation and their directors, trustees, employees and staff from all claims and liability including all claims and liabilities from negligence arising from participation. I further agree to hold harmless and indemnify Camp Success and Children's Heart Foundation defense costs, including attorney's fees, and any other costs resulting in connection with my participation in this activity.

It is the intention of the undersigned to exempt and relieve Camp Success and Children's Heart Foundation and their directors, trustees, employees and staff from liability for personal injury, property damage or wrongful death caused by negligence.

2. I understand that Camp Success and Children's Heart Foundation accept no responsibility for the loss, damage or theft of my property.
3. In case of medical and/or surgical emergency, I authorize the medical staff of Camp Success and Children's Heart Foundation to render or to arrange for any x-rays, anesthetic, medical, dental, surgical diagnosis, treatment, and hospital care which is deemed advisable by and is to be rendered under, the supervision of any physician, dentist or surgeon licensed in the state of Nevada.
4. Camp Success and Children's Heart Foundation have absolute permission to use my image in print or on tape or film for any lawful purpose whatsoever.
5. All information included in this application is accurate as far as I know and I am physically and mentally capable of fulfilling the responsibilities of my position, including participation in all prescribed camp activities, except as noted by myself and/or an examining physician.

**I have read this entire release of claims and fully understand it. I have satisfied my questions and concerns regarding the above mentioned activities by talking with representatives of Camp Success and Children's Heart Foundation.**

Print Name: \_\_\_\_\_ Age: \_\_\_\_\_

SS#: \_\_\_\_\_

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

Date: \_\_\_\_\_