



**Date: Saturday, September 24, 2022**

**Location: Jackson's Mill 4-H Camp, 160 Jackson's Mill, Weston, WV**

**Volunteer Application**—Please complete the following:

- Application (including consents)
- WV CARES-WV Clearance for Access: Registry and Employment Screening and Consent Form

- 1. Introduction**—Director of Camp Caring will contact you to speak further regarding application, fingerprint process, and answer additional questions, etc. *(You must be approved by Camp Caring Director to volunteer at Camp Caring)*
- 2. Criminal Check**—Because of the intimate nature of our work in the community, WV Caring conducts a criminal history check for all volunteers and paid staff. Please complete the last 2 pages, **IN BLUE INK** (WV CARES-WV Clearance for Access: Registry and Employment Screening and Consent Form) and return this form with your application. ***Do not send in a check with this form; WV Caring pays all fees.*** The purpose of this form is to allow us to conduct a criminal history check. West Virginia does **not** check consumer information.
- 3. Training**— Volunteer training, provided by experienced grief professionals, is mandatory for all camp volunteers. Training in the grief process and communication skills prepares you to offer support to those who attend Camp Caring. You will also receive important information regarding camp and the camp experience. Training dates will be set based on best availability for the most volunteers. Accommodations can be made as determined by Care Caring Director for those who are unable to attend training dates.
- 4. Transportation** – We encourage all volunteers to drive themselves to camp or carpool with others

**For additional information, contact Sam Leizear-Camp Director at 304-599-4200 ext. 118 (office) or [campcaring@wvcaring.org](mailto:campcaring@wvcaring.org)**

**SUBMIT APPLICATION BY MAIL, EMAIL, OR FAX:**

Camp Caring  
3436 University Avenue  
Morgantown, WV 26505

[campcaring@wvcaring.org](mailto:campcaring@wvcaring.org)

Fax #- 304-599-1125

*Camp Caring Volunteer Application 2022*

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

Address: \_\_\_\_\_

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

Phone # \_\_\_\_\_ Back-Up #: \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

T-shirt size:     S     M     L     XL     2XL     XXXL

If West Virginia Caring Staff    Position: \_\_\_\_\_

**Have you volunteered for West Virginia Caring (formerly Hospice Care Corp) in the past?**

Yes. What year? \_\_\_\_\_     No

**Volunteer Opportunities:**

*Please choose your area(s) of interest marking your preferred choice (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>)*

Adult Budd \_\_\_\_\_

(Paired with a camper to help guide them through the whole day of camp)

Support Staff: \_\_\_\_\_

(Assisting with camp logistics)

**PART II. VOLUNTEER EXPERIENCE**

In the space below please provide prior volunteer experience and any past experiences with children:

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NOTE: A COPY OF YOUR CURRENT DRIVERS LICENSE MUST BE ATTACHED TO APPLICATION

### **PART III. BEREAVEMENT HISTORY**

**This information is important to help match grief histories of volunteers and campers**

(Please indicate who died, your age at time of death, and cause of death)

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**Use this space include additional information you feel will be useful in processing your application and matching your assignment for the day**

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### **PART V. HEALTH HISTORY**

Please check all conditions that apply and explain any checked items below:

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Behavioral Health    | <input type="checkbox"/> Seizures              |
| <input type="checkbox"/> Asthma    | <input type="checkbox"/> Hearing Impairment   | <input type="checkbox"/> Special dietary needs |
| <input type="checkbox"/> Cancer    | <input type="checkbox"/> Heart Problems       | <input type="checkbox"/> Vision impairment     |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Physical Limitations | <input type="checkbox"/> Other                 |

Please explain anything checked above:

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Are you restricted from participating in any physical activity?  Yes  No

If yes, explain: \_\_\_\_\_.

### **PART VI. CURRENT EMERGENCY CONTACT INFORMATION**

Person to notify in case of an emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Best Phone # to reach: \_\_\_\_\_ Back-Up Phone #: \_\_\_\_\_

### **PART VII. AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Should a medical emergency arise during my participation in a Camp Caring activity and I am unable to speak for myself, I consent to

1. The administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility identified below or chosen by the Camp Caring Director/Nurse.
2. The immediate administration of life-sustaining measures deemed necessary under the circumstances.

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

Name and phone number of physician: \_\_\_\_\_

## **PART VIII. Releases**

### **A. Statement of Confidentiality**

I understand that information regarding Camp Caring, its volunteers, campers, their families, and/or significant others and any other persons receiving support or services in any capacity is privileged information for use by and with authorized persons only. I will disclose such information only in the discharge of my duties and responsibilities with Camp Caring, or persons authorized to receive such information through the signed consent of the camper's parent or guardian.

I will not disclose any information with any unauthorized person. I will handle any and all paperwork and forms with proper procedure of control so that no information is accidentally observed or released to any unauthorized persons. I also understand that the casual sharing of camper information in public places or settings is inappropriate.

I further understand and agree that any violation of this policy will justify my immediate discharge.

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

### **B. Liability Release**

I understand and agree that West Virginia Camp Caring, its board of directors, officers, employees, and volunteers are released from any legal responsibility and/or liability for negligence arising out of any accidents or illnesses, which occur while I am attending Camp Caring.

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

### **C. Media Consent and Release**

Videotaping, photography, or both may occur during camp activities. I understand that such material may be used in both future publicity and educational efforts by Camp Caring. In addition, with staff permission and supervision, news media may photograph, videotape, and/or interview some of the volunteers attending camp. I consent to having my voice and/or image recorded or photographed for use as outlined above.

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

### **D. Criminal Background Check**

For the purposes of my serving as a volunteer, I authorize Camp Caring, West Virginia Caring or other authorized representatives of the company bearing this release to obtain any information pertaining to my background, including any of these items: 1) current address 2) previous address 3) criminal search 4) traffic court search 5) motor vehicle report 6) sex offender registry 7) wants/warrants 8) social security number trace 9) verification of education; license; employment.

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

Social Security Number \_\_\_\_\_

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

### **E. Substance Abuse Agreement Consent**

Volunteers may not engage in the unlawful possession, manufacture, distribution, solicitation, or use of controlled substances or alcohol on camp property or while volunteering during camp

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



# WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

## SELF-DISCLOSURE APPLICATION AND CONSENT FORM

(This application must be completed in blue ink)

### PART I

I, the below-named applicant, understand that this form cannot be completed until an offer of employment is made. The offer of employment is made pending the results of the investigation of registries and a fingerprint-based background check. I understand that refusal to complete Parts I, II, and III of this form constitutes my rejection of the employment offer.

**I, the below-named applicant, swear/affirm, that the information contained within this application is true and correct to the best of my knowledge.**

Applicant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Generation (ex. Jr., II): \_\_\_\_\_

Clearly answer truthfully YES or NO to the following questions:

	Yes	No
1. Are you addicted to alcohol, a controlled substance or a drug or are you an unlawful user thereof?		
2. Have you ever been convicted of, pled guilty or nolo contendere (no contest) to a <b>misdemeanor or felony</b> ?		
3. Have you ever been convicted of an act of violence involving a deadly weapon or an act of domestic violence?		
4. Are you under indictment or do you have any criminal charges pending against you?		
5. Are you currently serving a sentence of confinement, parole, probation or other court ordered supervision?		
6. Are you the subject of a restraining order as a result of a domestic violence act or subject to a verified petition of domestic violence or subject to a protective order?		

**NOTE: If any questions 1-6 listed above are answered YES, a brief letter of explanation by the applicant must accompany this form. Failure to provide explanations could result in disqualification.**

### PART II

#### Consent for Investigation for Employment Purposes

I hereby authorize the Department of Health and Human Resources (DHHR) to conduct an investigation including, but not limited to, registry and fingerprint-based background checks, into information contained in this application. I understand that my fingerprints will be retained by the West Virginia State Police for the purpose of Rap Back services during my employment in a long-term care facility. **Furthermore, I understand that the falsification of any information contained within this application constitutes false swearing and is an excluding act under the fitness determination process being conducted by DHHR.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature must be completed in blue ink)



# WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

## SELF DISCLOSURE APPLICATION AND CONSENT FORM

(This application must be completed in blue ink)

### PART III

Applicant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Generation (ex. Jr., II): \_\_\_\_\_

Gov't Issued ID Number/Expiration: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Type of ID: \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Race: \_\_\_\_\_ Height: \_\_\_ ft. \_\_\_ in. Weight: \_\_\_ lbs.

Hair Color: Brown Blonde Bald Black Gray Other Red White

Eye Color: Blue Hazel Brown Red Black Other Green Gray

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth (City & State): \_\_\_\_\_ Citizenship: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_ County: \_\_\_\_\_

**List all cities and states (outside of WV) where you have lived within the past 5 years and provide approximate dates:**

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

**List all cities and states (outside of WV) where you have worked within the past 5 years and provide approximate dates:**

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

**List all names and aliases you have used formally and informally (Include maiden names, married names, nicknames, and any other name used or known as):**

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

**\*\*\*This form expires 60 days after the date of the signature in Part II\*\*\***

#### For Office Use Only:

I affirm that I have compared the government issued identification presented by the applicant.

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

(Signature must be completed in blue ink)

Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_