



Affiliated with MUSC Children's Health

February 2018

Dear Camp 'Can Do' volunteer applicant:

It is with great pleasure we are hosting the 22nd annual Camp 'Can' Do. Thank you for your interest in volunteering for Camp this summer. Camp 'Can' Do would not be possible without volunteers such as yourself.

Camp 'Can' Do 2018 will be August 3rd through August 8th and will be held at Camp St. Christopher, which is located on Seabrook Island. ***The deadline for volunteer applications is March 31st, 2018.***

You will be contacted to schedule an interview after March 31st. **ALL** applicants will be required to go through the interview process. Interviews will be either over the phone or in person.

Once volunteers are selected, there will be a mandatory orientation prior to camp. Updated information will be sent out closer to that time.

Return completed applications by mail, email or fax to:

Rachel Hajek

165 Ashley Ave

MSC 355

Charleston, SC 29425

hajek@musc.edu

Fax: 843-792-9601

We look forward to hearing from you and appreciate the support.

Sincerely,

Rachel Hajek, CCLS

Certified Child Life Specialist

Camper Counselor Coordinator

Ryan Howard MSN, RN, CNL

Manager Surgical and Burn Services

MUSC Children's Health



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CAMP 'CAN' DO 2018: VOLUNTEER APPLICATION

www.scburnedchildrensfund.org

Last Name _____ First Name _____ MI _____
 Date of Birth _____ Sex: _____ SSN _____
 Local Address _____ Apt # _____
 City _____ State _____ ZIP _____
 Permanent Address (if different from above) _____
 City _____ State _____ ZIP _____
 Phone Home _____ Work _____ Cell _____
 Email _____
 T-Shirt size _____ Name you prefer on your camp nametag: _____
 Employer Name _____
 Employer Address _____
 City _____ State _____ ZIP _____
 Job Title _____

EDUCATION:

Degree Date: High School _____ College _____ Advanced Degree _____
 List any professional certifications/licenses and registration number _____

Current Lifeguard certification? Yes No If Yes, which type? _____

EMERGENCY CONTACT:

Name _____ Relationship _____
 Phone Home _____ Work _____ Cell _____

Please list all previous volunteer experience. Attach separate sheet if necessary

Organization _____
 Location _____ Dates _____
 Duties _____

List experience working with children (including your own)

Are there any health conditions that might limit your ability to volunteer? Yes No

If yes, please explain _____

How did you hear about our volunteer program? _____

Are you an IAFF member? Yes No Local # _____
 Local Representative _____ Phone _____
 Local Rep email _____

What do you hope to gain by your volunteer experience?

Please check your volunteer preferences

_____ Full-time counselor (Must be available for duration of camp, August 3 - August 8)

Age group desired: 6-11 year olds 12-17 year olds

_____ Day counselor (assist with daily activities, special events) Days and times you are available:

 Saturday _____ Sunday _____ Monday _____ Tuesday _____

_____ Transportation (Requires valid driver's license and SLED background check)

 _____ To Camp (Saturday, August 5) _____ Home from Camp (Wednesday, August 9)

_____ Camp Planning Committee

_____ Lifeguard (Must be Ocean or Swift Watercertified)

Special Event (provide an activity or special event during camp - i.e. singing, arts & crafts, sports program)

Please describe your personal talents, hobbies, interests & special skills (i.e. crafts, musical instruments)

Please give 2 references that we may contact who have known you for more than one year (excluding relatives)

1) Name _____ Phone # _____

 Address _____ City _____ State _____ ZIP _____

2) Name _____ Phone # _____

 Address _____ City _____ State _____ ZIP _____

An interview will be required prior to camp acceptance and participation. Indicate the best time to contact you by phone:

Day _____ Time _____ Number _____

Statement of Understanding

I certify that all statements made in this application are true. I understand the Medical University of South Carolina and Burned Children's Fund reserves the right to accept or reject my application in its sole discretion. I understand that volunteers must be at least 18 years of age (junior counselors must be former Camp Can Do campers). I understand that I may be required to present my immunization records to the Burned Children's Fund office. I understand that alcohol and drugs are not permitted at Camp Can Do and Camp St. Christopher. Smoking is permitted only in designated areas and not in the presence of campers. Failure to follow Camp 'Can' Do policies and procedures may result in dismissal from Camp 'Can' Do and ineligibility to participate in future Burned Children's Fund events.

Signature of Applicant

Date

Return completed applications by mail, email or fax to:

Rachel Hajek hajek@musc.edu Fax: 843-792-9601

165 Ashley Avenue

MSC 355

Charleston, SC 29425

Office Use Only:

App. Rec'd _____ **Background Check Clearance** _____

Letter Sent _____ **Notification of Placement** _____ **Interview Scheduled** _____

**MEDICAL UNIVERSITY OF SOUTH CAROLINA PRE-VOLUNTEER INFORMATION RELEASE
AUTHORITY AND CONSENT TO RELEASE/OBTAIN BACKGROUND INFORMATION**

Must be fully completed and signed

The information received by the MUSC Office of Volunteer and Community Services as a result of signing this release may be used to assist in a background investigation of you and may be used in conjunction with your application to evaluate your suitability for volunteering at Camp Can Do and MUSC Children's Hospital and MUSC Outpatient facilities. I hereby authorize the release to the Medical University of South Carolina Medical Center information held by any parties regarding previous employment, my criminal history record, and or record of convictions in state and local files for violation of any federal, state, local statutes or ordinances, military records, my credit history, worker's compensation history, driving record, and scholastic/educational records and hereby release said persons, schools, companies, government agencies, court and law enforcement authorities from damage whatsoever for reusing this information.

I hereby acknowledge that the Medical University of South Carolina Medical Center cannot vouch for or guarantee the accuracy of information provided by third parties. Accordingly, I release the Medical University of South Carolina Medical Center and its agents from any and all liability arising out of any errors or omissions regarding my background information. Any information obtained by the Medical University of South Carolina Medical Center independently or through a Consumer Reporting Agency shall remain confidential and no further disclosure to other parties shall result. The information obtained as a result of the investigation shall be used exclusively for the purpose of volunteering.

Any misrepresentation, falsification or misleading statements or omission of facts by me may result in my being disqualified from further consideration for volunteering at Camp Can Do.

Please print or type applicant information

This permission is given this _____ day of _____, _____.
Date Month Year

Name of Applicant _____

Street Address _____

City _____ State _____ ZIP _____

Social Security Number _____ - _____ - _____

Date of Birth _____ Race _____ Sex _____

Driver's License Number _____ State _____

Signature of Applicant _____ Date _____